

Name in Full

Certificate of Death

Town

County

Died at Mount-Poquation wash Dr MARYLAND

Date 19 <u>13</u>	Month <u>5</u>	Day <u>8</u>	Y. <u>86</u>	M. <u>-</u>	D. <u>25</u>	Native of <u>Gwynn James</u>	Occupation
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower			Number of children living	<u>3</u>

Husband of Catherine Bumbarger

Wife

Father's Name

Mother's Name

Maiden Name

Cause of Death	Primary	<u>Pneumonia</u>	How long sick	<u>3 days</u>
	Immediate		Accident, Suicide, Homicide	

Reported by Wm. Weston MillerAddress 1402 Weston

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

J. H. Banghman
Sub-Reg

Name In Full

Certificate of Death

Mary Geneva Barkdoll

Died at ^{Town} Greensburg ^{County} Washington MARYLAND

Date 1903 5 31 Age 1 20 Native of Md Occupation _____

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living _____

Husband of _____

Wife of _____

Father's Name William Barkdoll Mother's Name Rosa Kretzinger

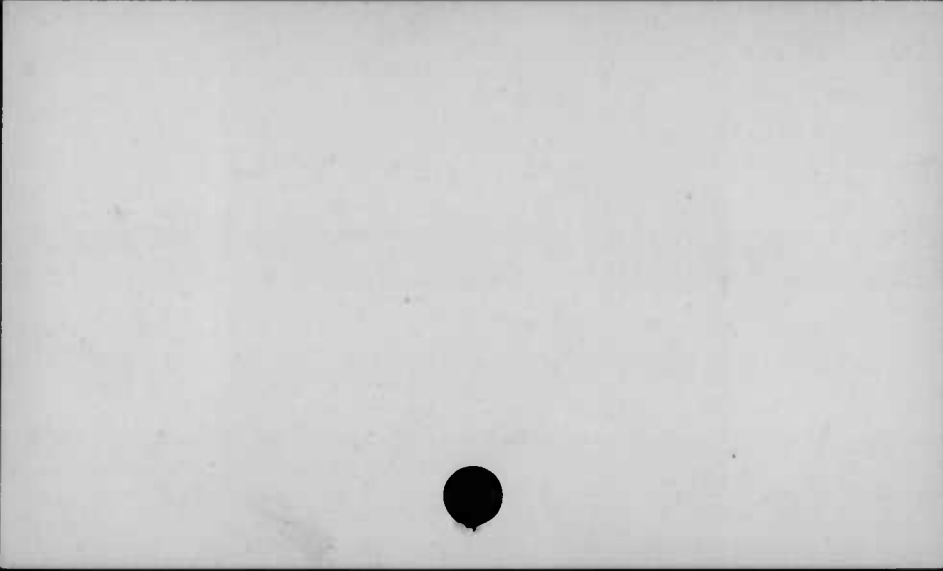
Cause of Death { Primary Acute Congestive Lung. How long sick 24 hrs.

Death { Immediate Carbonic Acid Gas poisoning Accident, Suicide, Homicide _____

Reported by Dr. J. M. SticksAddress Smithsburg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79835



Name
in
Full

Magdaline Balear

CERTIFICATE OF DEATH

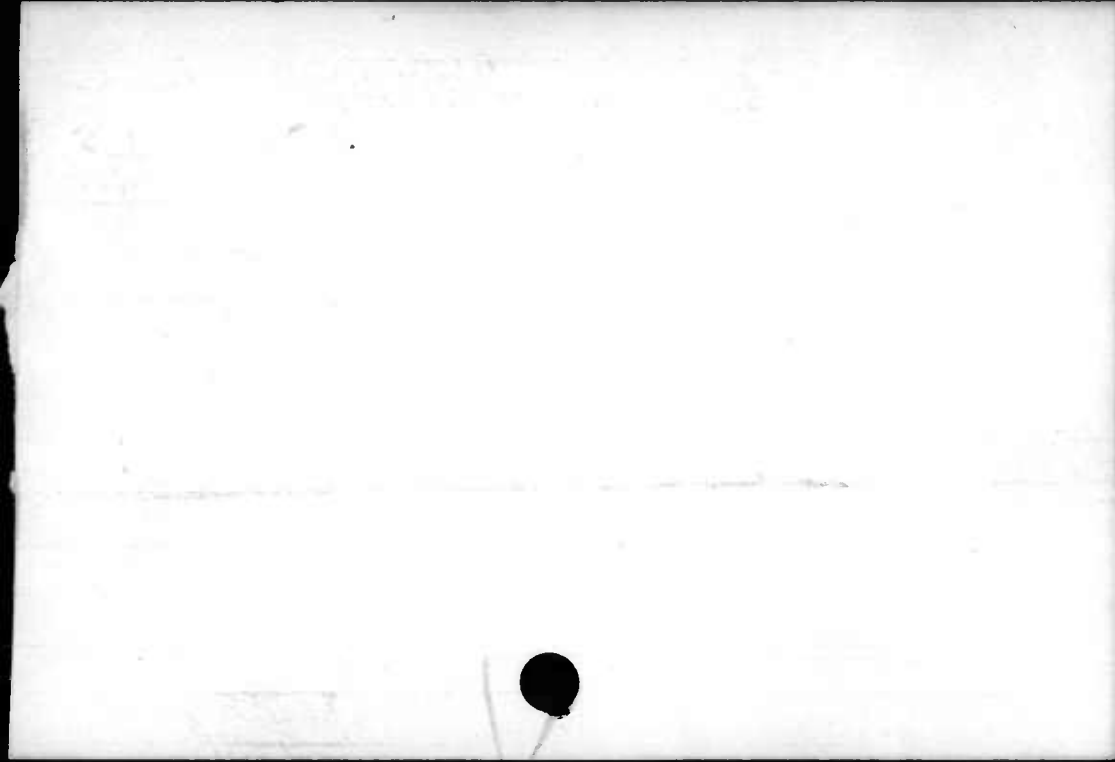
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Locust Grove		Washington		Maryland	
Date of death 190	3	Month	5	Day	10	Age	85
Sex		Female		Color or Race		White	
Married, Single		Widowed		Occupation		House Wife	
Name of Wife or Husband		David Balear					
Father's Name		John Huffer				Father's Birthplace	
Mother's Maiden Name		Miss Lina				Mother's Birthplace	
Name of person giving information		John Balear				How related to deceased	
						Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Old age	How long	154
Immediate	Calcular Pneumonia	How long	65 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	C. D. Baker
		Address	Rohrer'sville
Accident or Suicide?			Ind.



Name in Full

Certificate of Death

Willie Selis Beraus.

Died at ^{Town} Hancock ^{County} Washington. MARYLAND

Date 19 03 5 28 Y. M. D. Age - 1 0 Native of Md Occupation None.

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of _____

Wife _____

Father's Name Harry Beraus Mother's Name Sue Jordan.

Maiden Name

Cause of Death { Primary Erysipelas How long sick 18

Death { Immediate Accident, Suicide, Homicide

Reported by J. E. Sligins

Address Hancock, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



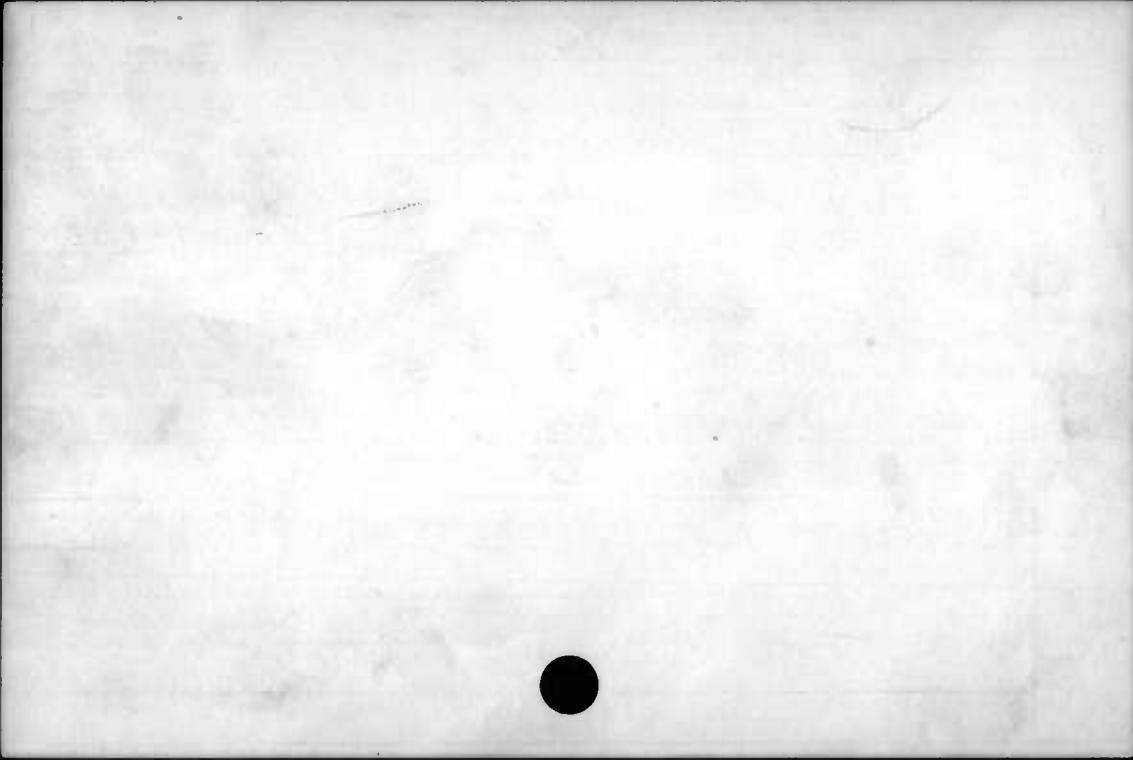
Name
in
FullNo 138
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Williamstown</i>		Town <i>Washington</i>		County <i>MARYLAND</i>	
Date of death 1903	Month <i>May</i>	Day <i>14</i>	Age <i>83</i>	Years <i>10</i>	Months <i>0</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Chambersburg</i>		
Married, Single or Widowed <i>Widowed</i>			Occupation <i>Farmer</i>		
Name of Wife or Husband <i>Lidy Templeton</i>					
Father's Name <i>Isaac Bluebaker</i>			Father's Birthplace <i>Penn</i>		
Mother's Maiden Name <i>_____</i>			Mother's Birthplace <i>_____</i>		
Name of person giving information <i>Mrs Catherine Gruber</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General Debility</i>	How long <i>1st</i>	<i>How long</i>
Immediate <i>Prostration</i>	<i>1st</i>	<i>How long</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. S. Richardson</i>	
	Address <i>Williamstown</i>	
Accident or Suicide?		



Name
in
Full

Mrs Mary Lezzie Bralley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
May		17 th	47			5	1
Sex	Female	Color or Race	White	Birth-place	Maryland		
Married, Single or Widowed	Divorced		Occupation	Dress making -			
Name of Wife or Husband	S. Herbert Bralley						
Father's Name	John Duvalle Swartz				Father's Birthplace	Germany	
Mother's Maiden Name	Mary Z. Spangler				Mother's Birthplace	Maryland	
Name of person giving information	Mrs Alice Dunn				How related to deceased	Sister	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	One week
Immediate	Exhaustion	How long	Several days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. H. V. Ragan	
Address		Hagerstown, Md.	
Accident or Suicide?			



Name in Full

Certificate of Death

Henry Clay Burgan

Town

County

Died at

MARYLAND

Date 1903 May 7.

Month

Day

Y.

M.

D.

Native of

Occupation

1903 May 7.

Age 61-3-12 W. Va.

Superintendent of
C & O Canal

Male

White

Married

Number of children living

6.

Husband

of

Harry V. Bowers

Father's

Mother's

Name

Name

Nicolas Burgan Annis Simpson

Cause of

Primary

Bright's disease & atrophy of
stomach

How long sick

2 months.

Death

Immediate

Heart failure - 20

Reported by

H. Franklin Schamel MD

Address

Bakersville Ad.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, #5068



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Patrick M. Byrne

Virginia
WEST VIRGINIA

Died at Bedford City

County

Date

of death 190

3

Month

May

Day

9

Age

Years

40

Months

Days

Sex

male

Color or
Race

white

Birth-
place

Ireland.

Married, Single
or Widowed

unmarried

Occupation

wholesale liquor dealer

Name of Wife or
Husband

Mrs Daisy Morrison Byrne

Father's
Name

X X

Father's
BirthplaceMother's
Maiden Name

X X

Mother's
BirthplaceName of person giving
in formation

Mrs. Daisy Byrne

How related
to deceased

wife

CAUSES OF DEATH

Primary

How long

Immediate

Phthisis

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

C. M. Butler Undertaker.

Address

Keasestown
Md.

Accident or Suicide?

no

PHYSICIAN
OR CORONER

8415

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mar Hagerstown</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death 190	3	Month	May	Day	18	Age	76
Sex	Male		Color or Race	white		Birth-place	Penn.
Married, Single or Widowed	widower			Occupation	Minister		
Name of Wife	Mary Claire						
Husband							
Father's Name	not known					Father's Birthplace	
Mother's Maiden Name	"					Mother's Birthplace	
Name of person giving information	Isaac Gost					How related to deceased	Son-in-law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Nephritis		How long	2 years.
Immediate	Exhaustion		How long	14 weeks
Are the name, age, sex, color, date and place correctly given above?		yes		
Signature of Physician		Victor D. Miller Jr.		
Address		Hagerstown, Md.		
Accident or Suicide?		—		



Name
in
Full

Mary Ann Clark

CERTIFICATE OF DEATH

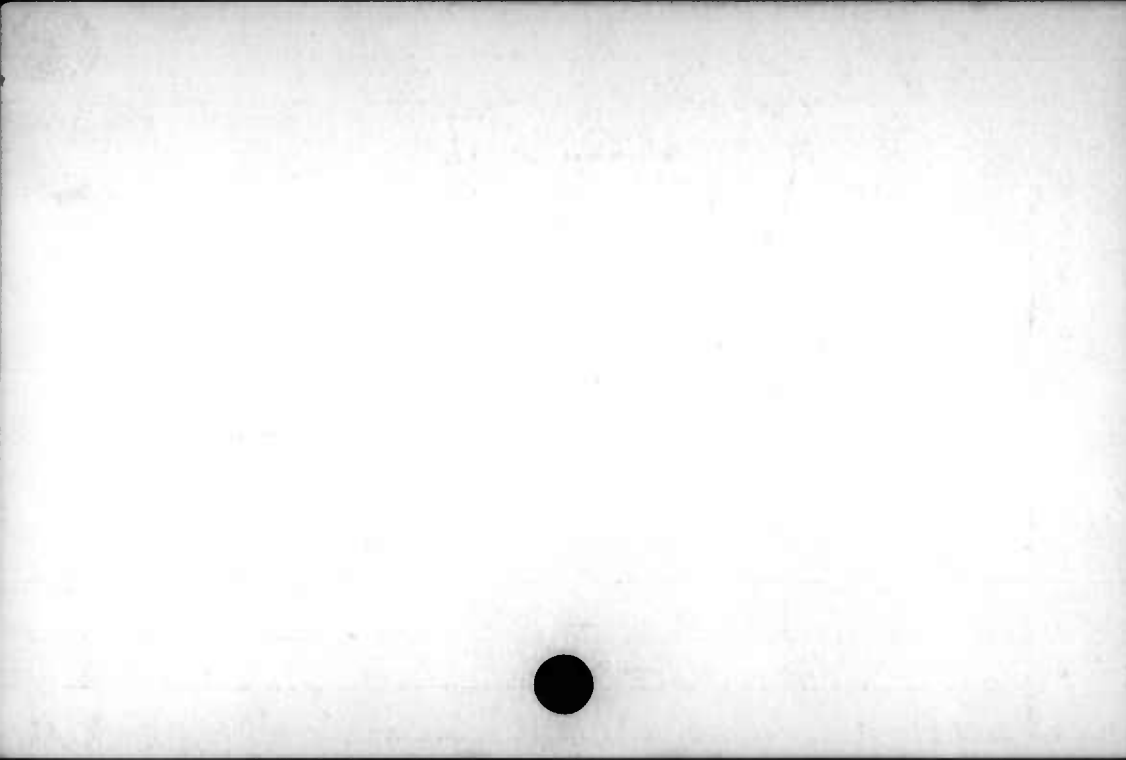
Penna
MARYLANDTO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Philadelp ^{hia}		County			
Date of death 190	8	Month May	Day 12	Age	69	Months	Days
Sex	female		Color or Race	white		Birth- place	Pennas.
Married, Single or Widowed				widow			
Occupation				N. W.			
Name of Wife or Husband James Clark.							
Father's Name John Gallagher						Father's Birthplace Penna	
Mother's Maiden Name Louisa						Mother's Birthplace "	
Name of person giving In formation H. F. Clark						How related to deceased son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate		7 Hours.	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		C. M. Suter Undertaker.	
Address		Hagerstown Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary Louise Clark* County _____

Town *Philadelphia*

Died at *Philadelphia*

Date of death 190*3* Month *May* Day *13* Age *—* Years *—* Months *11* Days *—*

Sex *female* Color or Race *white* Birth-place *Penna.*

Married, Single or Widowed *single* Occupation *child.*

Name of Wife or Husband _____

Father's Name *Harry F. Clark* Father's Birthplace *Md.*

Mother's Maiden Name *Carrie Potterfield* Mother's Birthplace *Md.*

Name of person giving information *H. F. Clark* How related to deceased *Father.*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

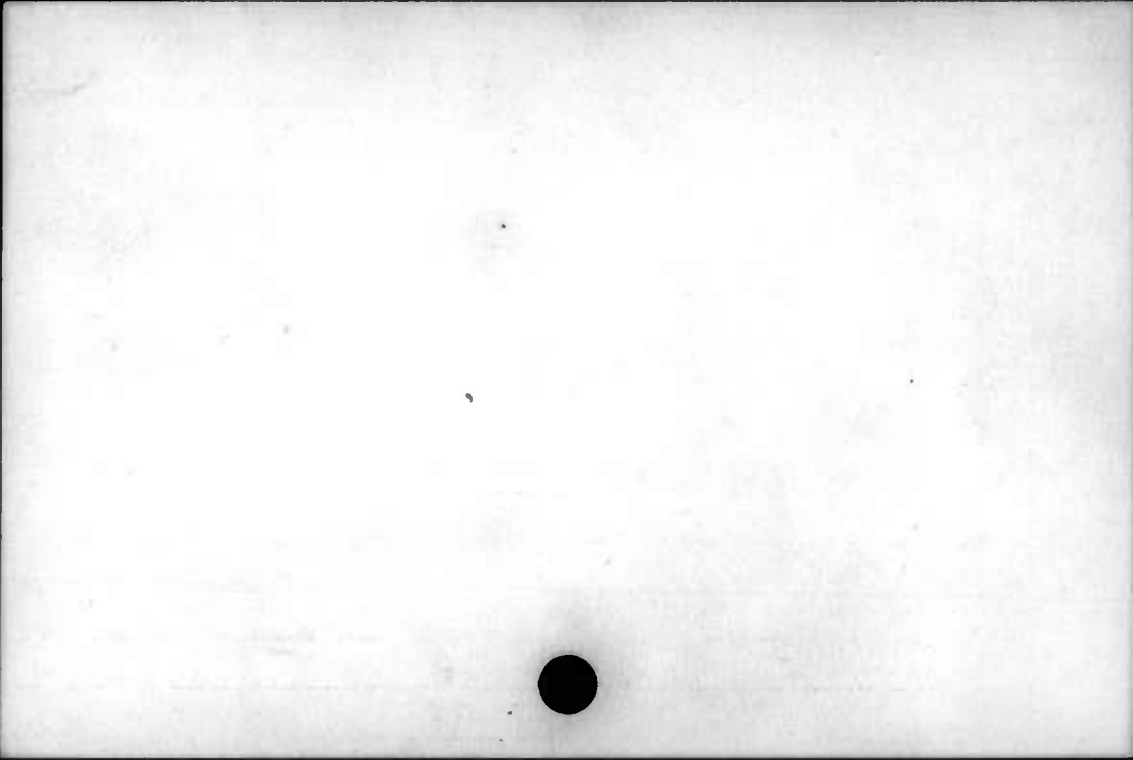
Primary _____ How long _____

Immediate *convulsions* How long *few hours*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Emil Suter M.D.*

Address *Hagerstown Md.*

Accident or Suicide? *no*



Name
in
Full

CERTIFICATE OF DEATH

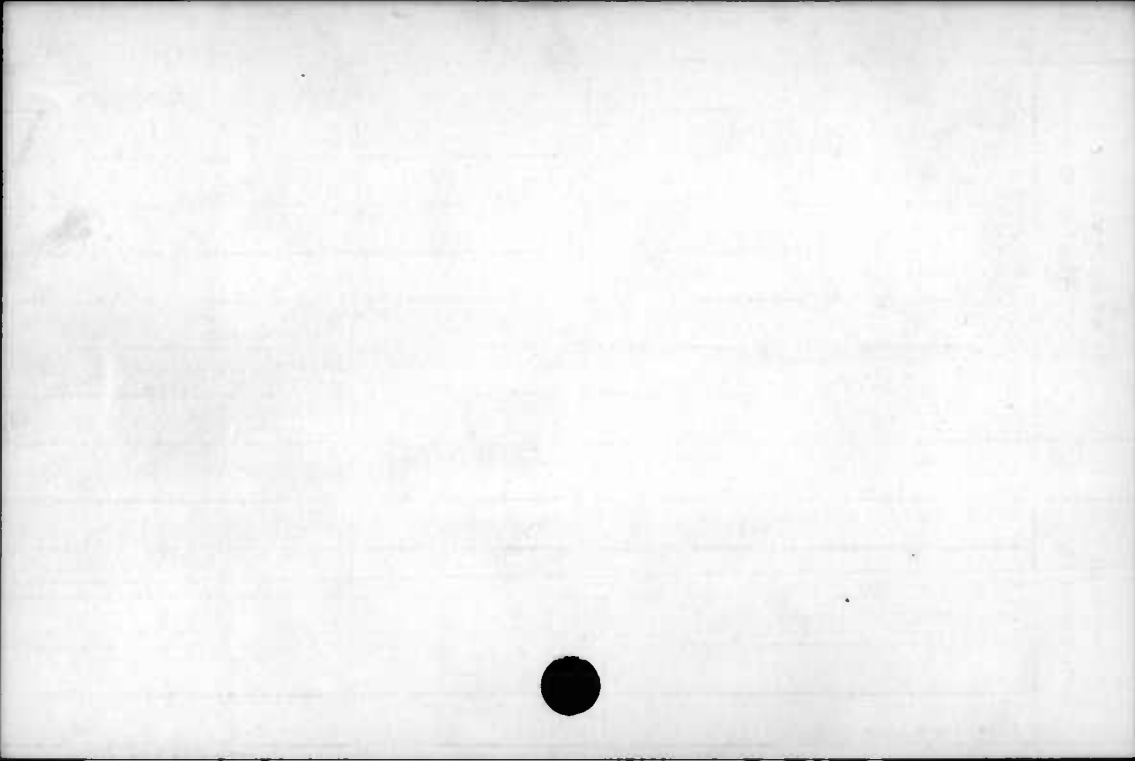
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Haystack</i> Town		<i>Washington</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>May</i>	Day <i>1st</i>	Age <i>57</i> Years	Months <i>5-</i>	Days <i>11</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Pa</i>			
Married, Single or Widowed <i>Widow</i>		Occupation <i>House work</i>			
Name of Wife or Husband <i>Edward Craby</i>					
Father's Name <i>Michael Houke</i>		Father's Birthplace <i>Not Known</i>			
Mother's Maiden Name <i>Not Known</i>		Mother's Birthplace <i>Not Known</i>			
Name of person giving information <i>Samuel Craby</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>66</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. A. M. [illegible]</i>
	Address <i>Washington Pa</i>
Accident or Suicide? <input type="checkbox"/>	



Name In Full

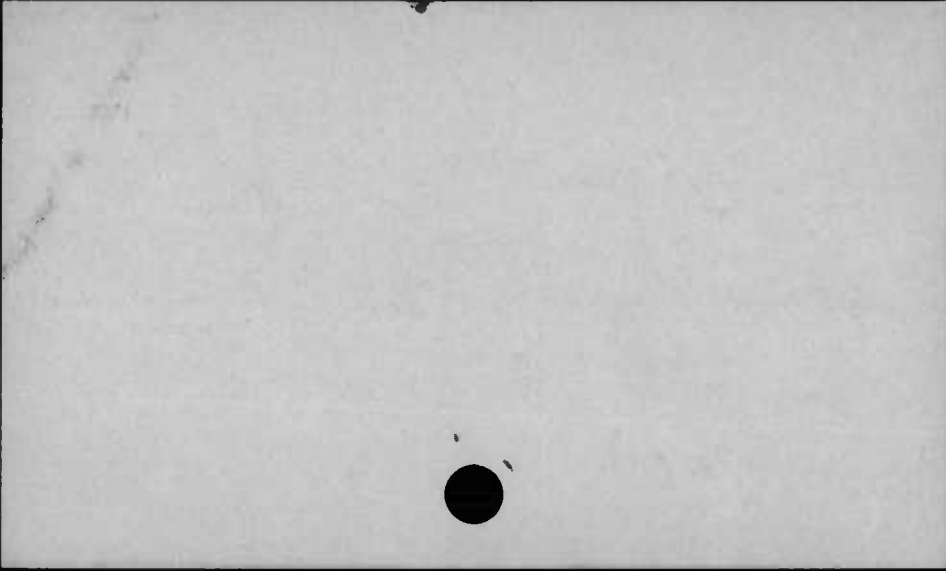
Certificate of Death

not named

Died at Heagertown Town Washington County MARYLANDDate 1903 May 22 Month May Day 22 Age 2 hours Y. MD M. MD D. MD Native of MD Occupation Infant
Male White Married Widow Divorced
Female Colored Single Widower Number of children livingHusband of 50
Wife 50
Father's Name John C. Gause Mother's Name Alice P. ShawCause of Death { Primary defective circulation How long sick
Immediate Exhaustion Accident, Suicide, HomicideReported by A. W. Pagan, M.D.
Address Heagertown MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75868



Name
in
Full

CERTIFICATE OF DEATH

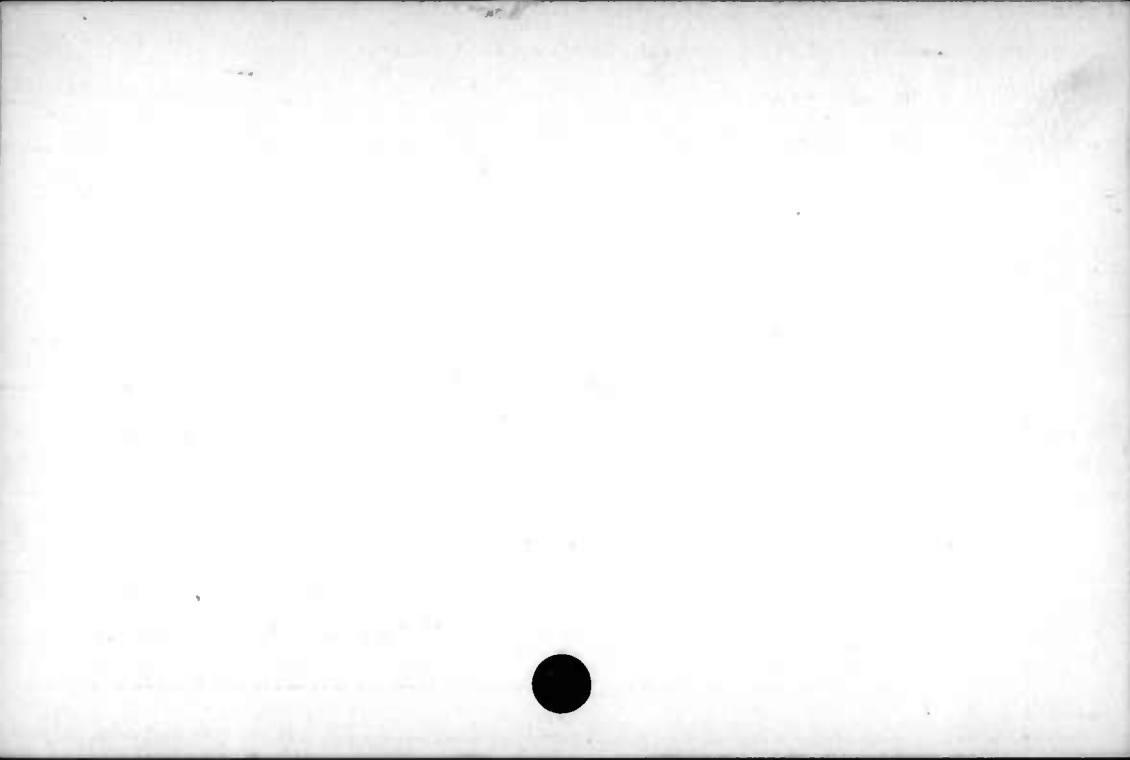
TO BE ANSWERED BY
NEAREST FRIEND

Name *Horatio McPherson Dall*
 Died at *Baltimore* ^{Town} *County*
 Date of death 190 *3* ^{Month} *May* ^{Day} *24* Age *63* ^{Years} *5* ^{Months} *5* ^{Days}
 Sex *Male* Color or Race *White* Birth-place *Md.*
 Married, Single or Widowed *single* Occupation *Court bailiff*
 Name of Wife or Husband _____
 Father's Name *T. H. Dall* Father's Birthplace *Md.*
 Mother's Maiden Name *Elga Buchanan* Mother's Birthplace *"*
 Name of person giving information *Mrs. S. C. Johnson* How related to deceased *sister*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Bright's Disease* How long _____
 Immediate *Heart failure* How long _____
 Are the name, age, sex, color, date and place correctly given above? *yes*
 Signature of Physician *Consulter Funeral Director*
 Address *Hagerstown*
 Accident or Suicide? *no* *Md.*



Name
is
Full

Rebecca De Lauder

CERTIFICATE OF DEATH

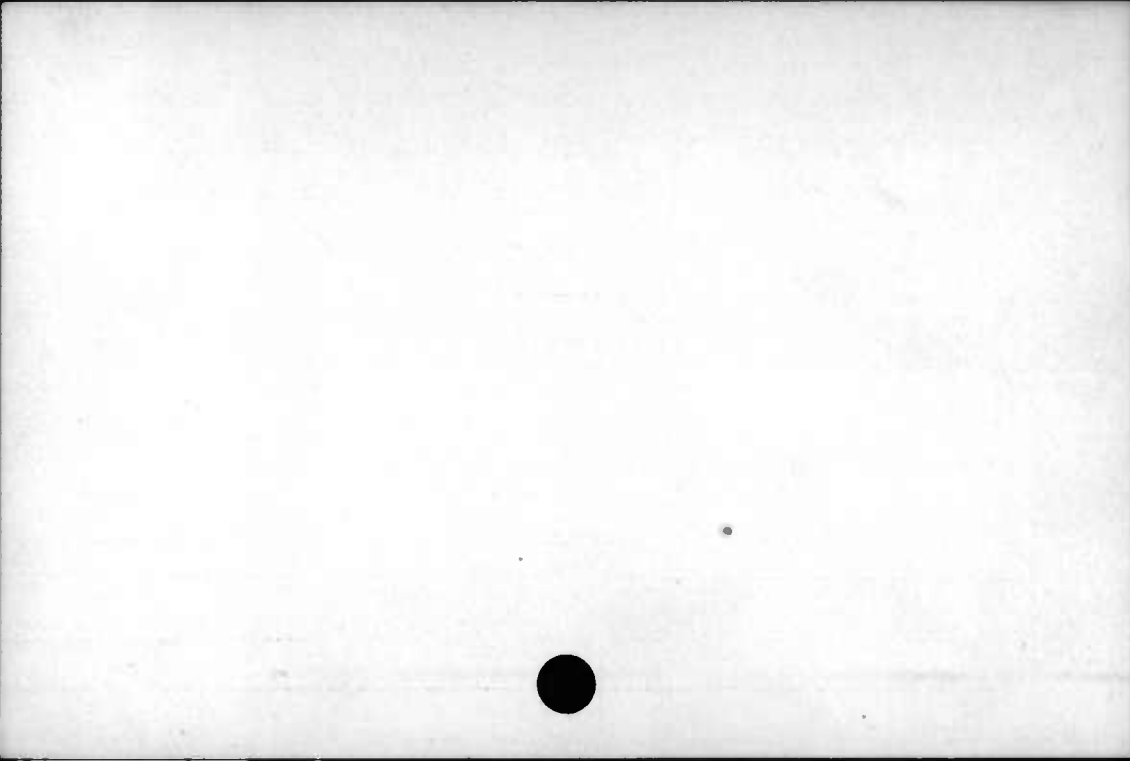
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Bakersville</i> ^{County} <i>Washington</i>		MARYLAND			
Date of death 1903	Month <i>May</i>	Day <i>16th</i>	Age <i>62</i>	Months <i>2</i>	Days <i>14</i>
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Myersville</i>			
Married, Single or Widowed <i>Married</i>		Occupation			
Name of Wife or Husband <i>John H. De Lauder</i>					
Father's Name <i>Jacob Renner</i>		Father's Birthplace <i>Sharpsburg</i>			
Mother's Maiden Name <i>Lydia E. Holtzman</i>		Mother's Birthplace <i>Myersville</i>			
Name of person giving information <i>John H. De Lauder</i>		How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Bronchitis</i> <i>91</i>	How long <i>Several years</i>
Immediate <i>Pulmonary Tuberculosis</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. Small Gardner</i>
	Address <i>Sharpsburg, Md</i>
Accident or Suicide?	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death 190

Month

Day

Age

Years

Months

Days

Sex

Color or
RaceBirth-
place~~Married~~, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
NameMother's
Maiden NameName of person giving
In formationFather's
BirthplaceMother's
BirthplaceHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER

Name
in
Full

Richard Lee Dumphy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Hancock

Town

Wash.

County

MARYLAND

Date

of death 1903

Month

May

Day

15

Age

Years

21

Months

-

Days

-

Sex

Male

Color or
Race

White

Birth-
placeMarried, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
Name

James E. Dumphy

Father's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Drowning

How long

1/2 hour

Immediate

Suffocation

172

How long

1/2 hour

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

K. W. Est.
Hancock

Accident or Suicide?

Accident

PHYSICIAN
OR CORONER



Name In Full

Certificete of Death

Samuel Eschelmann
 Town _____ County _____

Died at

MARYLAND

Date 19

03 May 18
 Male ☒ ~~Female~~
 White ☒ ~~Colored~~

Age

4 months Maryland Infant.
 Married ☐ Widowed ☐ Divorced ☐
 Single ☐ Widower ☐ Number of children living _____

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

French

Death

Immediate

Measels

How long sick

Accident, Suicide, Homicide

Reported by

Dr. V. Miller M.D.

Address

Mason & Dixon Pa

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

J. A. Banghman
Sub-Reg-

Name
in
Full

Harry Lindley

CERTIFICATE OF DEATH

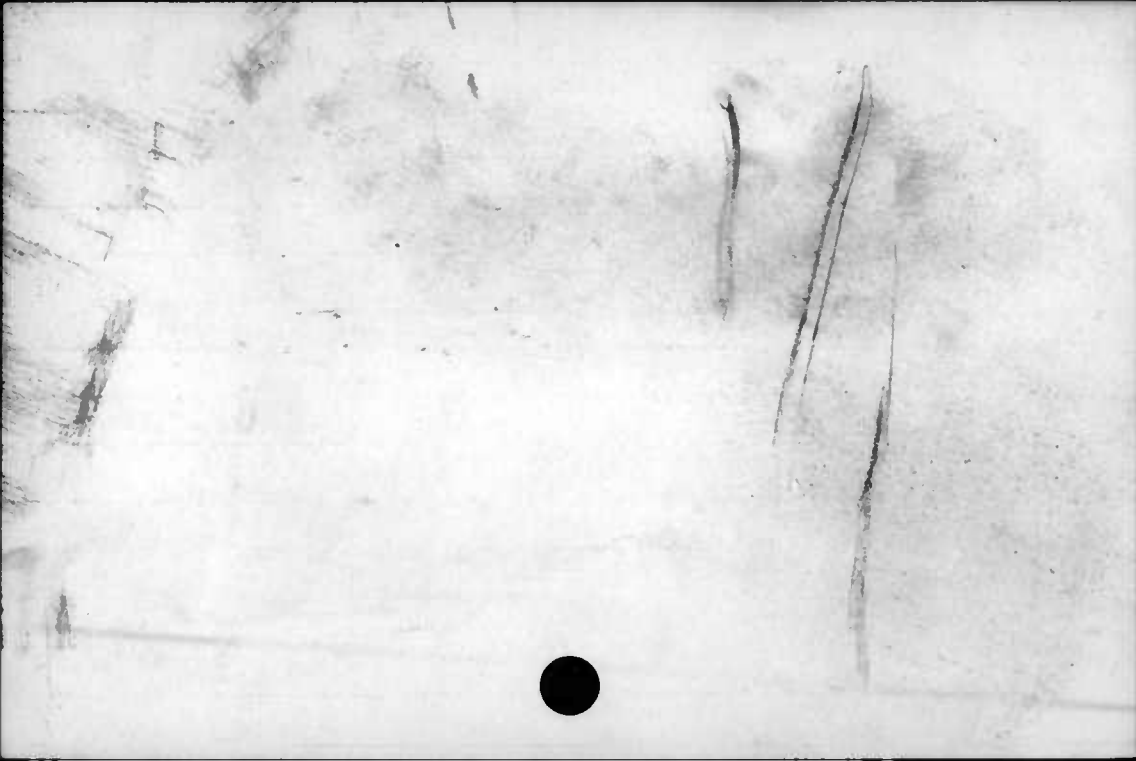
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hagerstown</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND		
Date of death 190 <u>3</u>	Month <u>5-</u>	Day <u>14</u>	Age <u> </u>	Years <u> </u>	Months <u> </u>	Days <u>10</u>
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>MD</u>				
Married, Single or Widowed <u> </u>			Occupation <u> </u>			
Name of Wife or Husband <u> </u>						
Father's Name <u>Harry Lindley</u>				Father's Birthplace <u>Pa</u>		
Mother's Maiden Name <u>Nannie Medlock</u>				Mother's Birthplace <u>Pa</u>		
Name of person giving information <u>Father</u>				How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Peritonitis</u>	How long	<u>7 days</u>
Immediate	<u>Convulsions</u>	How long	<u> </u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>H. St. Den. M.D.</u>	
		Address <u>Hagerstown</u>	
		<u>MD</u>	
Accident or Suicide? <u> </u>			



Died at ^{Town} ~~Washington~~ ^{County} ~~Washington~~ ~~Washington~~ MARYLAND

Date 19 03 ^{Month} 5 ^{Day} 4 ^{Y.} 4 ^{M.} 4 ^{D.} 4 Native of _____ Occupation _____

~~Male~~ ^{Female} ~~White~~ ^{Colored} ~~Married~~ ^{Single} ~~Widow~~ ^{Widower} ~~Divorced~~ ^{Number of children living} _____

~~Husband~~
of

~~Wife~~

Father's Name Hugh N. Garrow Mother's Maiden Name Glara E. Fieby

Cause of Death { Primary Immediate Shin / Bone How long sick _____
Accident, Suicide, Homicide

Reported by C. J. Thompson

Address Washington DC

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Rosa Hanna

CERTIFICATE OF DEATH

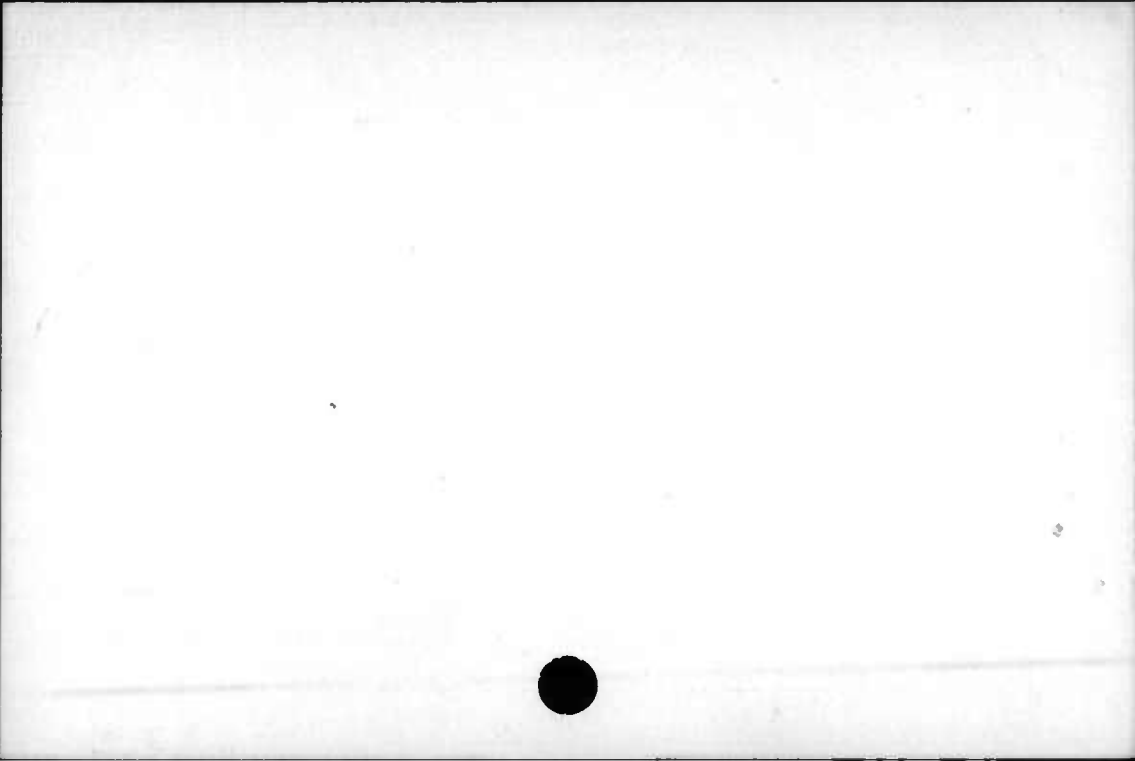
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

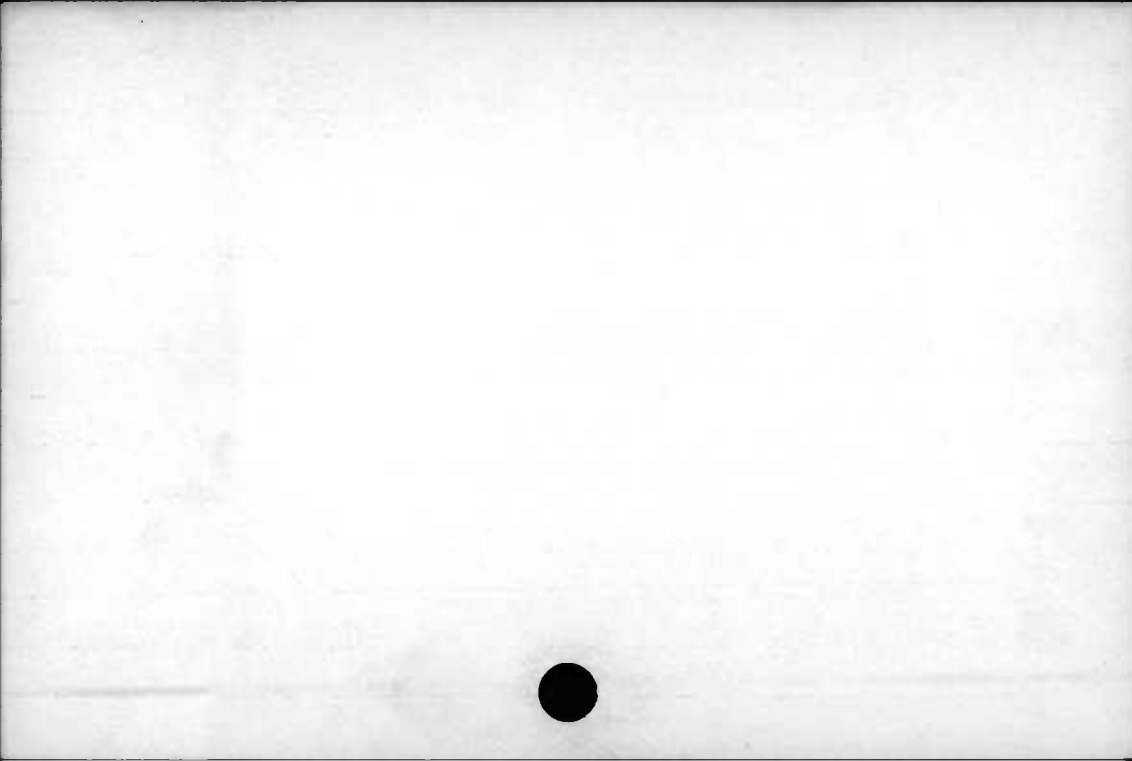
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Hypertrophy of the Heart + Chronic Bronchitis	Five months
Immediate	How long
Heart Failure found dead	Found Dead
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	J. E. Pitman
	Address
	Hagerstown
Accident or Suicide?	



Name in Full		William Russell House				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Thagerstown</i> <small>Town</small>		<i>Mash</i> <small>County</small>		MARYLAND	
		Date of death 190 <i>3</i> <small>Month</small>		<i>5</i> <small>Day</small>		<i>9</i> <small>Years</small>	
		<i>6</i> <small>Months</small>		<i>6</i> <small>Days</small>			
		Sex <i>Boy</i>		Color or Race <i>White</i>		Birth-place <i>Bisell P.O. Md.</i>	
		Married, Single or Widowed <i>Single</i>		Occupation			
		Name of Wife or Husband <i>-</i>					
		Father's Name <i>Scott W. House</i>				Father's Birthplace <i>Md.</i>	
Mother's Maiden Name <i>Nettie V. Lechrow</i>				Mother's Birthplace <i>Md.</i>			
Name of person giving information <i>William H. Lechrow</i>				How related to deceased <i>Grand father</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Traumatic Meningitis</i>		How long <i>61</i>		<i>4 days.</i>	
		Immediate <i>Exhaustion</i>		How long <i>2</i>		<i>"</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. Preston Miller</i>			
				Address <i>Thagerstown Md.</i>			
		Accident or Suicide? <i>No</i>					



Name
in
Full

Howard R. Webb.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sharpsburg</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death 190	<i>3</i> ^{Month}	<i>27</i> ^{Day}	Age <i>20</i> ^{Years}	<i>9</i> ^{Months}	<i>23</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Sharpsburg</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>Laborer</i>			
Name of Wife or Husband					
Father's Name <i>William Webb</i>			Father's Birthplace <i>Sharpsburg</i>		
Mother's Maiden Name <i>Isabella Bruehears</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Isabella Webb</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Rhumatization with organic heart</i> ^{Diagnosed}	How long <i>A Chronic Condition</i>
Immediate <i>Congestion of Lungs & Heart Failure</i>	How long <i>About a week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. Howell Brundage</i>
	Address <i>Sharpsburg Md.</i>
Accident or Suicide?	

Chas. S. Wade
Undertaker

Name
in
Full

Child of Wm^{re} L. Helms & Lulu Barr

CERTIFICATE OF DEATH

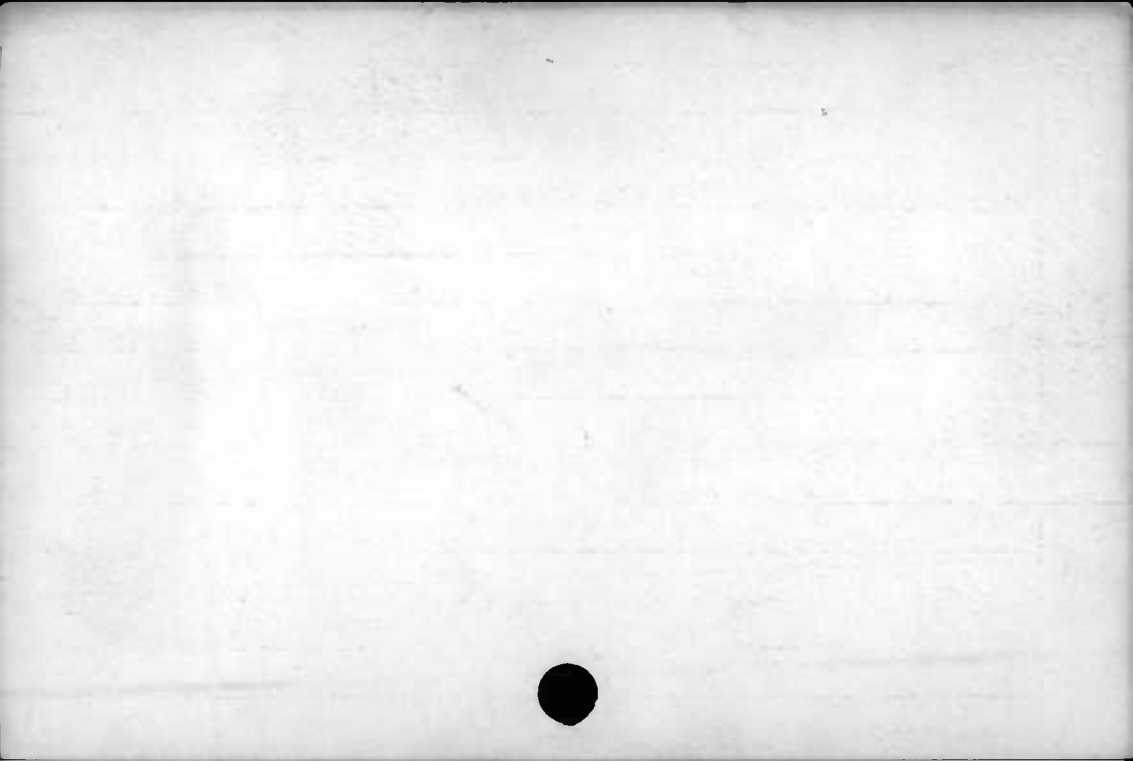
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Sagerstown</i>		^{County} <i>Wash.</i>		MARYLAND	
Date of death 190	<i>3</i>	Month <i>May</i>	Day <i>19</i>	Age <i>—</i>	Months <i>—</i> Days <i>Six hours</i>
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i> Md.</i>		
Married, Single or Widowed <i>single</i>	Occupation <i>Child.</i>				
Name of Wife or Husband <i>—</i>					
Father's Name <i>Wm. Helms</i>			Father's Birthplace <i> Md.</i>		
Mother's Maiden Name <i>Lulu Barr</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Lulu Barr</i>			How related to deceased <i>mother.</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>atelectasis</i>	How long <i>half hour</i>
Immediate <i>"</i>	How long <i>15</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. A. Warham</i>
	Address <i>Sagerstown Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

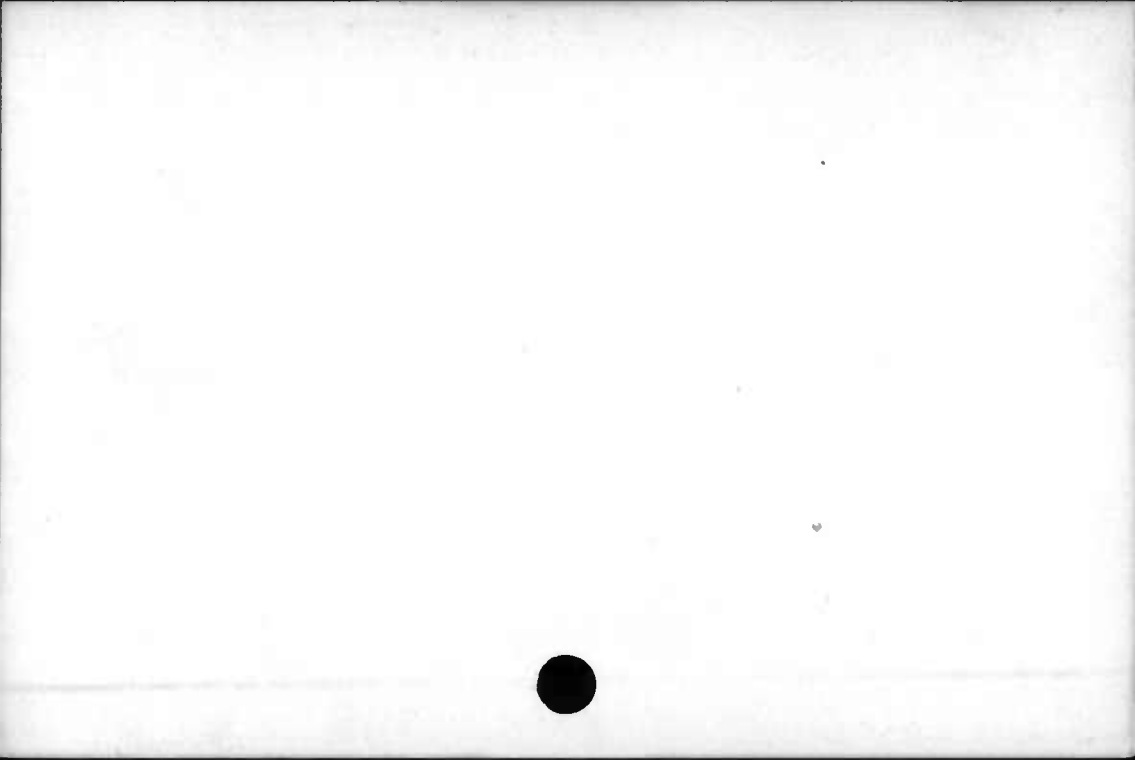
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		<i>Washington</i> County		MARYLAND	
Date of death 190	Month <i>5</i>	Day <i>28</i>	Age <i>44</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>MD</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>				
Name of Wife or Husband <i>Wm. S. Herbert</i>					
Father's Name <i>Wm. Smith</i>	Father's Birthplace <i>MD</i>				
Mother's Maiden Name <i>Sarah Shilling</i>	Mother's Birthplace <i>MD</i>				
Name of person giving information <i>Wm. S. Herbert</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary tuberculosis</i>	How long <i>(?)</i>
<i>Chronic nephritis & Endocarditis</i>	How long <i>6 months</i>
Immediate <i>Exhaustion</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Victor Shilling</i>
	Address <i>Hagerstown, Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

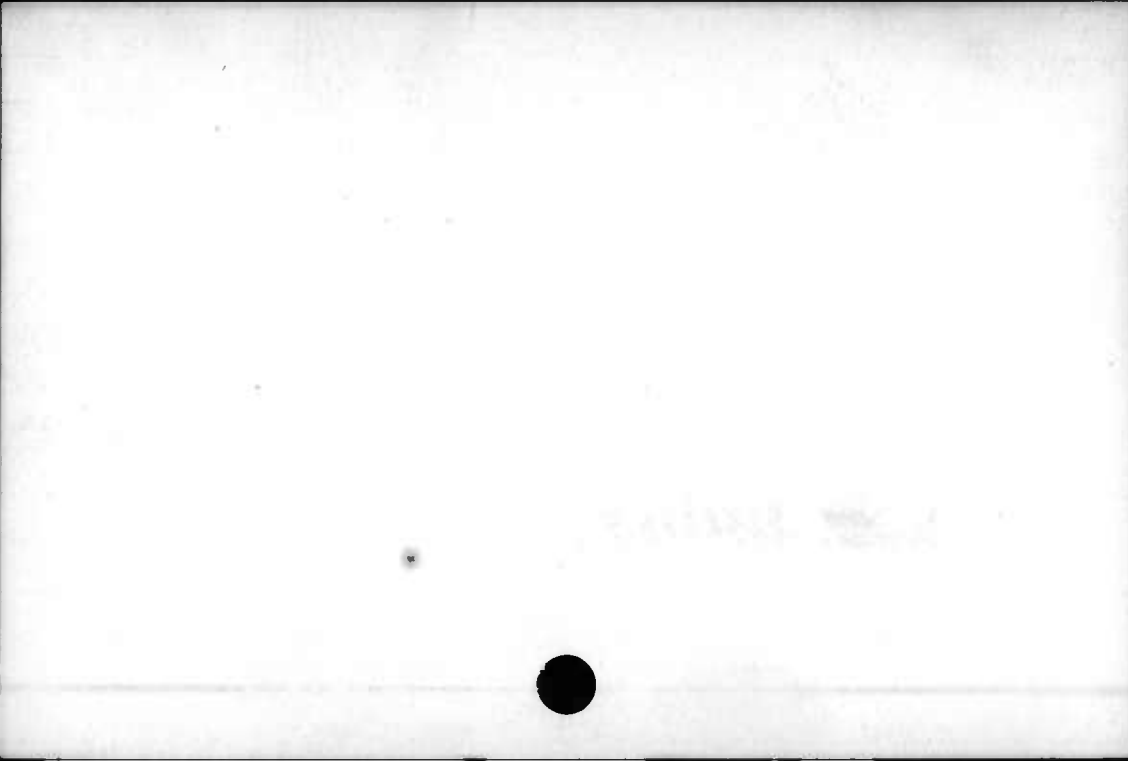
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Edward Melton Heyett</i>		Town <i>Canton</i>		County <i>Washington Co</i>		State <i>Md</i>		MARYLAND	
Died at <i>Canton</i>		Month <i>5</i>		Day <i>3</i>		Age <i>67</i>		Months <i>6</i> Days <i>14</i>	
Date of death 190									
Sex <i>White</i>		Color or Race <i></i>		Birth-place <i>Canton</i>					
Married <i>Single</i> or <i>Widowed</i>		<i>Bachelor</i>		Occupation <i>Former</i>					
Name of Wife or Husband <i></i>									
Father's Name <i>Jacob Heyett</i>		Father's Birthplace <i>Canton</i>							
Mother's Maiden Name <i>Elizabeth Ingraham</i>		Mother's Birthplace <i>Brownsham</i>							
Name of person giving information <i>Smitha Heyett</i>		How related to deceased <i>Sister</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Suicide</i>		<i>163</i>		How long <i></i>	
Immediate <i></i>				How long <i></i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Under-taker</i>			
		Address <i>Beryam F. Hony</i>			
Accident or Suicide?		<i>address Smithsburg</i>			



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Male

~~White~~

Married

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband
of
WifeFather's
Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

George Kirnes

CERTIFICATE OF DEATH

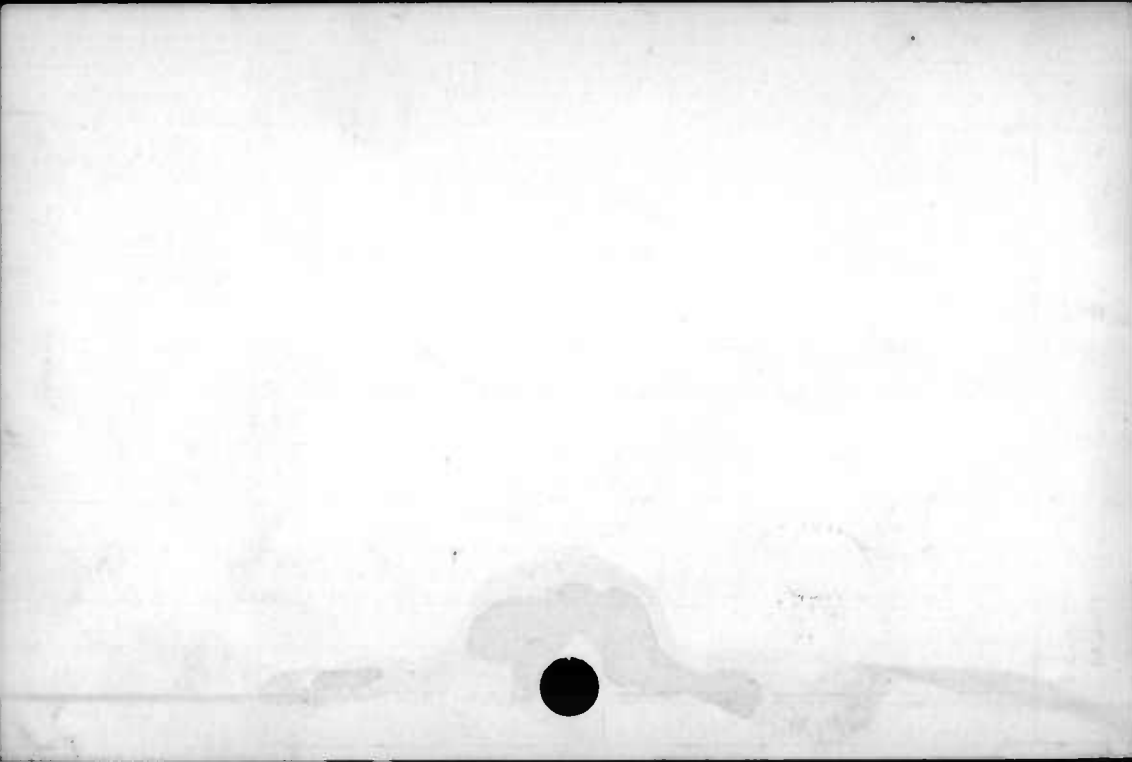
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>mar Clear Spring</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>May</i>	Day <i>13</i>	Years <i>62</i>	Months <i>1</i>	Days <i>1</i>
Sex <i>male</i>	Color or Race		Birth- place		
Married, Single or Widowed			Occupation <i>Boat man</i>		
Name of Wife or Husband <i>Snider</i>					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving In formation <i>166</i>				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Injury by accident</i>	How long
Immediate <i>Fell from ladder from cage</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr Richards</i>
	Address <i>Williamsport</i>
Accident or <i>suicide</i>	



Name
in
Full

George Julius

CERTIFICATE OF DEATH

Died at *Bellvue Asylum Hagerstown*

Town

Washington

County

MARYLAND

Date

of death 190

3

Month

May

Day

4

Age

Years

85

Months

2

Days

6

Sex

*Male*Color or
Race*White*Birth-
place*Hagerstown*Married, Single
or Widowed*Widower*

Occupation

*Plasterer*Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
information*D R Hager**154*How related
to deceased*None*

CAUSES OF DEATH

Primary

Dementia, Senility

How long

4 yrs

Immediate

Colitis, exhaustion

How long

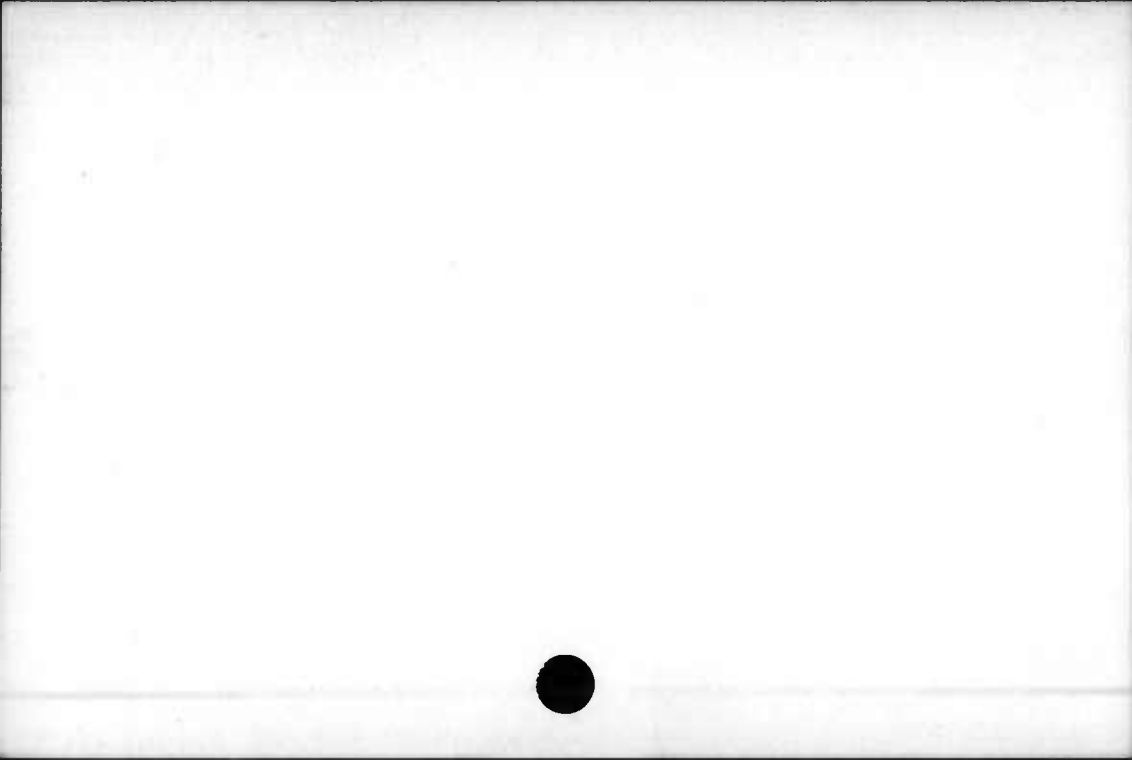
*3 wks*Are the name, age, sex, color, date
and place correctly given above?*yrs*Signature of
Physician*W B Morrison*

Address

Hagerstown

Accident or Suicide?

*No*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name

in
Full

CERTIFICATE OF DEATH

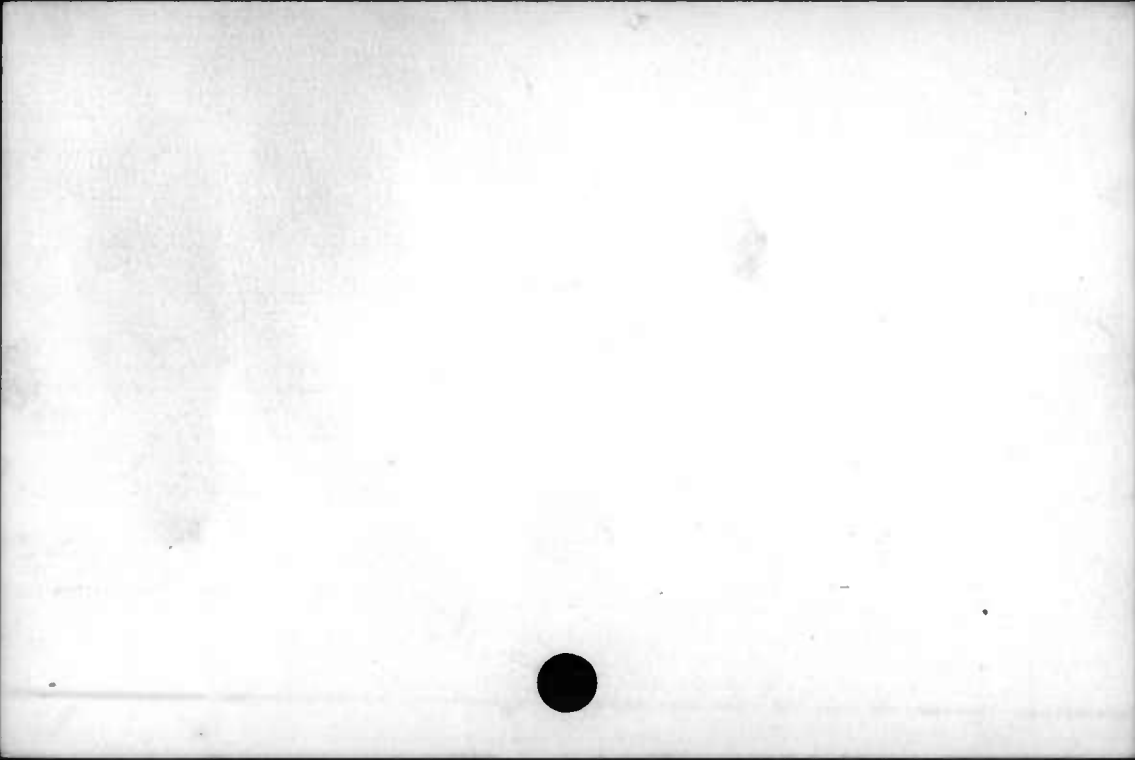
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death 190	3	Month <i>May</i>	Day <i>26</i>	Age	Years	Months	Days
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth- place	<i>Hagerstown</i>
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving in formation				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia tuberc</i>	How long
Immediate	<i>Shock</i>	How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician
		Address
Accident or Suicide?		



Name in Full		George R. Kemp				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Frankston		County Washington		MARYLAND
	Date of death 190	Month May	Day Friday	Age	Years 24	Months 4	Days 9
	Sex Male		Color or Race White		Birth- place Frankston		
	Married, Single or Widowed				Occupation Laborer		
	Name of Wife or Husband Ida E. Doanberger						
	Father's Name L. D. Kemp				Father's Birthplace Frankston		
	Mother's Maiden Name Elizabeth Bowman				Mother's Birthplace Frankston		
	Name of person giving information Wife				How related to deceased		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary				How long		
	Abscess of Brain				4 weeks		
	Immediate				How long		
	Concussion				8 hours		
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
Yes				C. J. Mearns			
				Address			
				Frankston			
Accident or Suicide?							

24 Sep

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Yallie E. Keplinger		Town Bakersville		County Washington		State MARYLAND	
Died at		Month May		Day 25		Years 10	
Date of death 190 3		Months 11		Days 25			
Sex Female		Color or Race white		Birth-place md			
Married, Single or Widowed Single		Occupation School girl					
Name of Wife or Husband							
Father's Name John W. Keplinger		Father's Birthplace md					
Mother's Maiden Name Anna F. Mull		Mother's Birthplace md					
Name of person giving information J. W. Keplinger		How related to deceased father					
CAUSES OF DEATH							

PHYSICIAN
OR CORONER

Primary Cerebro-Spinal Meningitis	How long A month or more -
Immediate Cerebro-Spinal Meningitis	How long 22 days attendance
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J. Howell Gardner
	Address Sharpsburg - Md
Accident or Suicide?	



Name
in
Full

Lillian Beatrice Kershner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Hagerstown ^{County} Washington MARYLAND

Date of death 1903 ^{Month} 5 ^{Day} 10 Age ^{Years} ~~11~~ ^{Months} ~~11~~ ^{Days} 29

Sex Female Color or Race white Birth-place Hagerstown

Married, Single or Widowed _____ Occupation Child

Name of Wife or Husband _____

Father's Name Frank H. Kershner Father's Birthplace Ind

Mother's Maiden Name Maud Susan Kenamaker Mother's Birthplace Ind

Name of person giving information Father Frank H. Kershner How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Erysipelas How long Six days

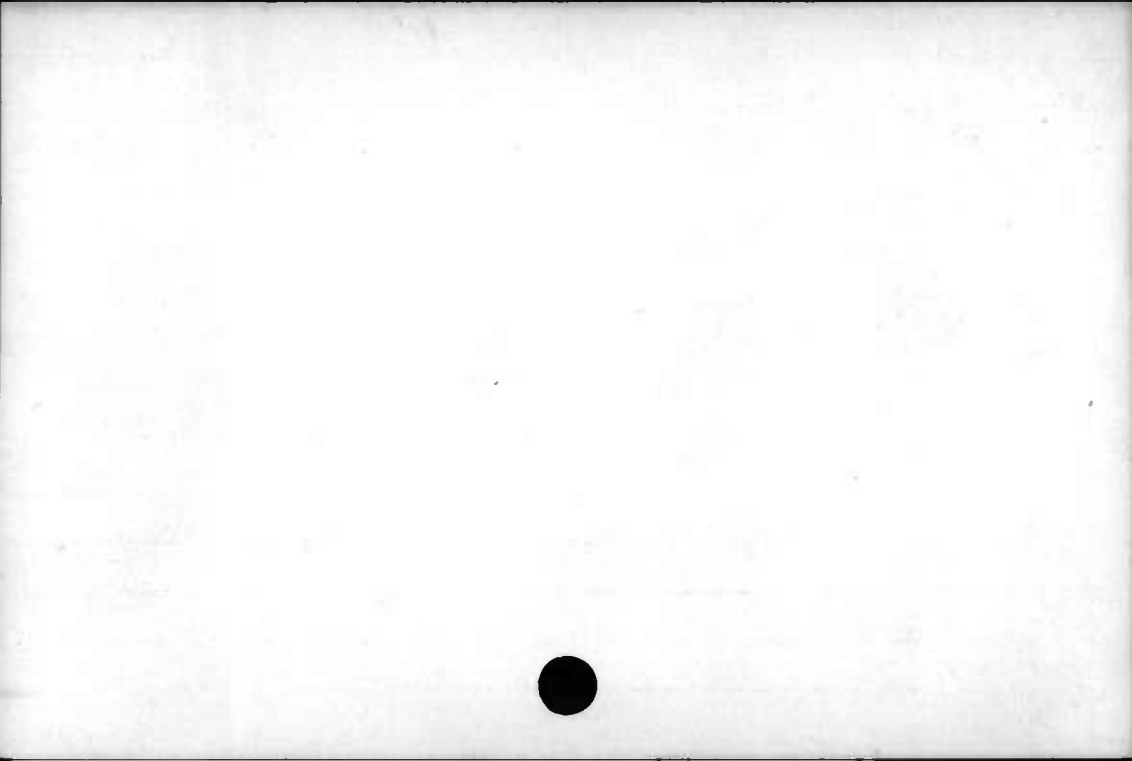
Immediate Peritonitis How long 36 hrs

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. E. Pitenogher

Address Hagerstown Ind

Accident or Suicide?



Died at

Town

Ash

County

Wash

MARYLAND

Date 19

03

Month

May

Day

2

Age

62 yrs

Native of

Md

Occupation

Boatman

Male

White

Married

Widow

~~Divorced~~

Number of children living

one

Husband

of

~~Wife~~

Mary Kimes

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Accident

How long sick

Death

Immediate

Hemorrhage

Accident, Suicide, Homicide

Reported by

Frank Bros

Address

Clear Spring

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Theodor Kohler

CERTIFICATE OF DEATH

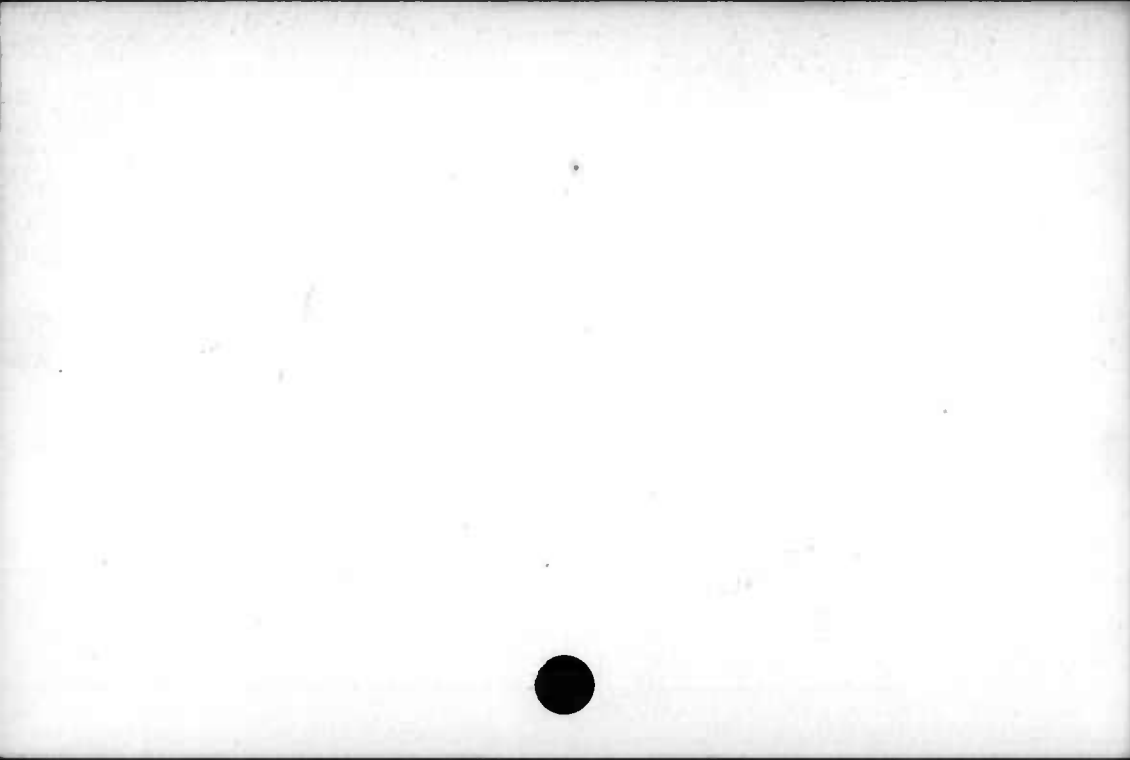
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hagerstown</u>		Town		County <u>Washington</u>		MARYLAND		
Date of death 190 <u>3</u>	Month <u>5</u>	Day <u>6</u>	Age <u>5-3</u>	Years <u>5-3</u>	Months	Days		
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Md</u>					
Married, Single or Widowed <u>Single</u>		Occupation <u>Laborer</u>						
Name of Wife or Husband								
Father's Name <u>Daniel Kohler</u>				Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Elizabeth Kohler</u>				Mother's Birthplace <u>Md</u>				
Name of person giving information <u>Mrs Chrissinger</u>				How related to deceased <u>Bro</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Phthisis Pulmonalis</u>	How long <u>1 year</u>
Immediate <u>Exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>S. G. Morrison</u>
	Address <u>Hagerstown Md.</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sharpsburg,</i>		County <i>Washington</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>May</i>	Day <i>17</i>	Age <i>67</i>	Years <i>1</i>	Months <i>23</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Locust Grove, Md.</i>			
Married, Single or Widowed <i>Widowed</i>	Occupation <i>None</i>				
Name of Wife or Husband <i>Benjamin F. Krebs</i>					
Father's Name <i>Fredrick A. Spring</i>	Father's Birthplace <i>Wash. Co. Md.</i>				
Mother's Maiden Name <i>Elizabeth Yeltonacher</i>	Mother's Birthplace <i>Wash. Co. Md.</i>				
Name of person giving information <i>Richard F. Smith</i>	How related to deceased <i>Son-in-law</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>27</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>E. M. Gurnott</i>
	Address <i>Sharpsburg, Md.</i>
Accident or Suicide?	

Chas. S. Wade
undertaker

Name
in
Full

CERTIFICATE OF DEATH

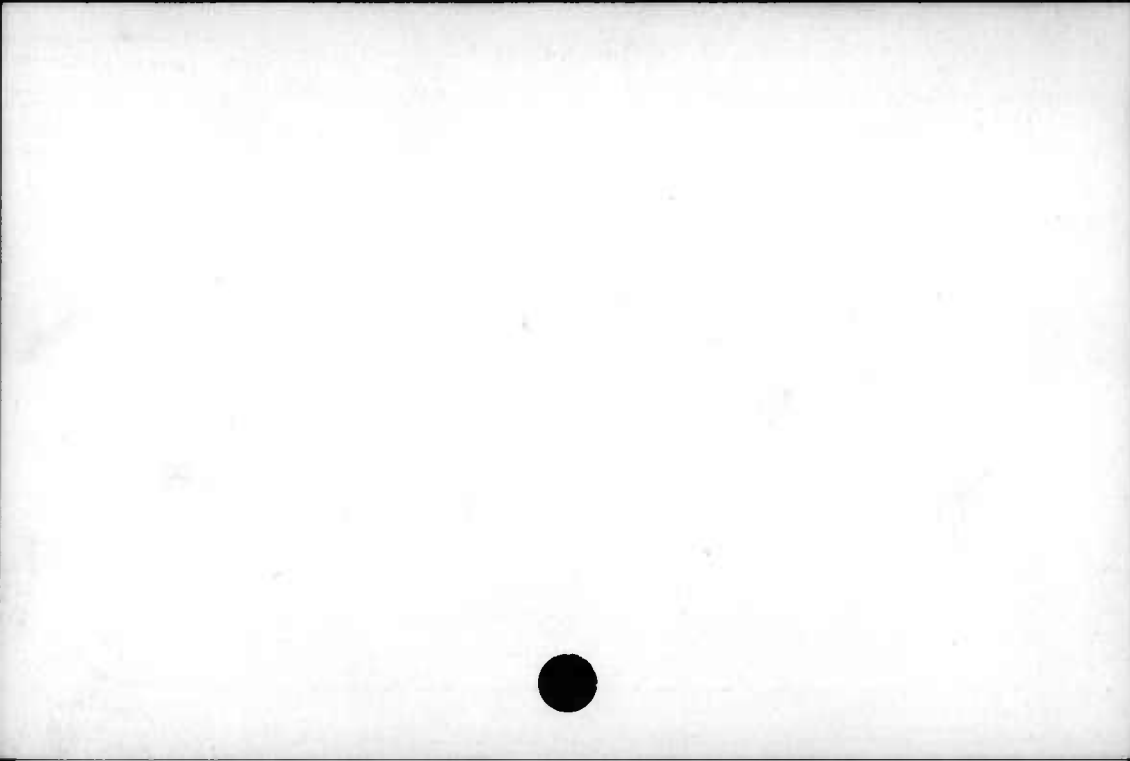
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Chris. Edward Leckron				CERTIFICATE OF DEATH	
Died at		Town Hagerstown		County Washington		MARYLAND	
Date of death 190		3	Month 5	Day 28	Age 1	Years 8	Months Days
Sex		male		Color or Race		white	
Married, Single or Widowed		Child		Occupation		Child	
Name of Wife or Husband		167					
Father's Name		Daniel Leckron				Father's Birthplace	
Mother's Maiden Name		Minnie Sanders				Mother's Birthplace	
Name of person giving In formation		Daniel Leckron				How related to deceased	
						Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Burned	How long	3 hrs
Immediate	Shock.	How long	3 hrs
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. E. Pitznogle	
Address		Hagerstown	
Accident or Suicide?		md	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

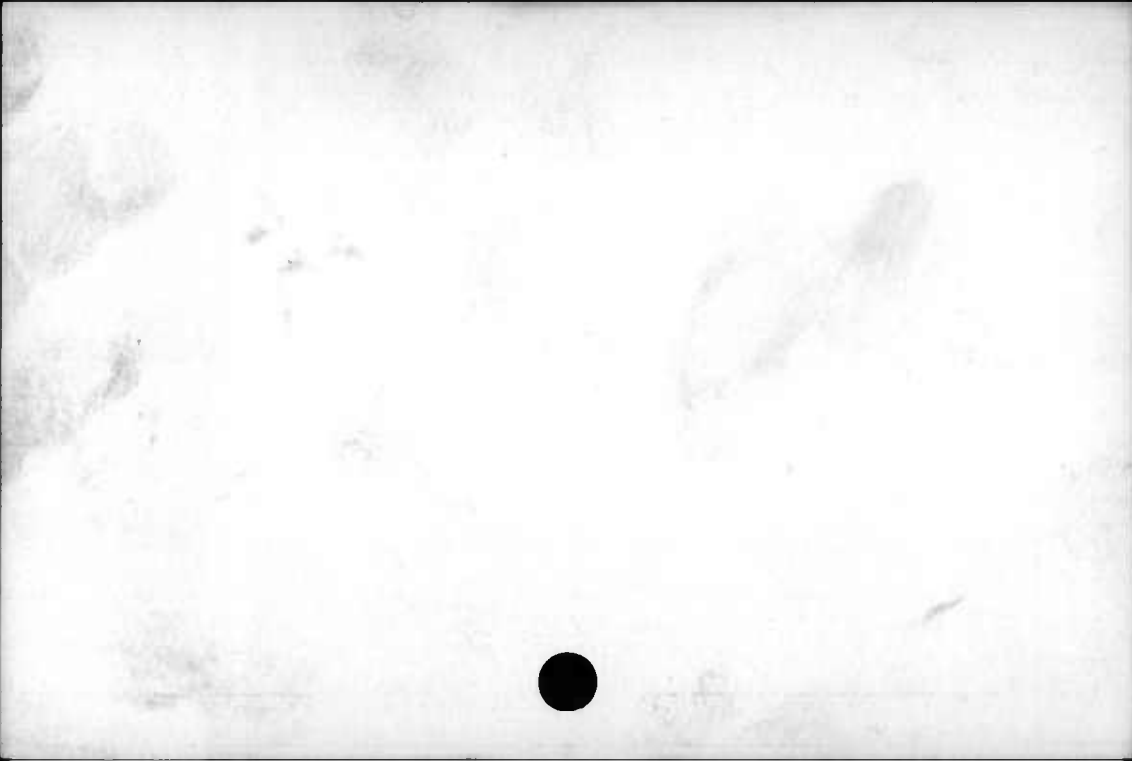
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Endocarditis & Asthma	How long	(?)
Immediate	Exhaustion	How long	(?)
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Address			
Accident or Suicide?			



Name in Full		Leroy McKenna				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Hagerstown		County Washington		MARYLAND	
	Date of death 190	3	Month 3-	Day 11	Age Years	Months 6	Days -
	Sex	Male		Color or Race	Black		Birth- place
	Married, Single or Widowed	Single		Occupation		Child	
	Name of Wife or Husband						
	Father's Name				John McKenna		Father's Birthplace
	Mother's Maiden Name				Nettie Fisher		Mother's Birthplace
Name of person giving In formation				John McKenna		How related to deceased	
				CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary	Spasms				How long	3 days
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
	Accident or Suicide?				Address		
							A. K. Coffman Funeral Director Hagerstown Md.



Name
in
Full

CERTIFICATE OF DEATH

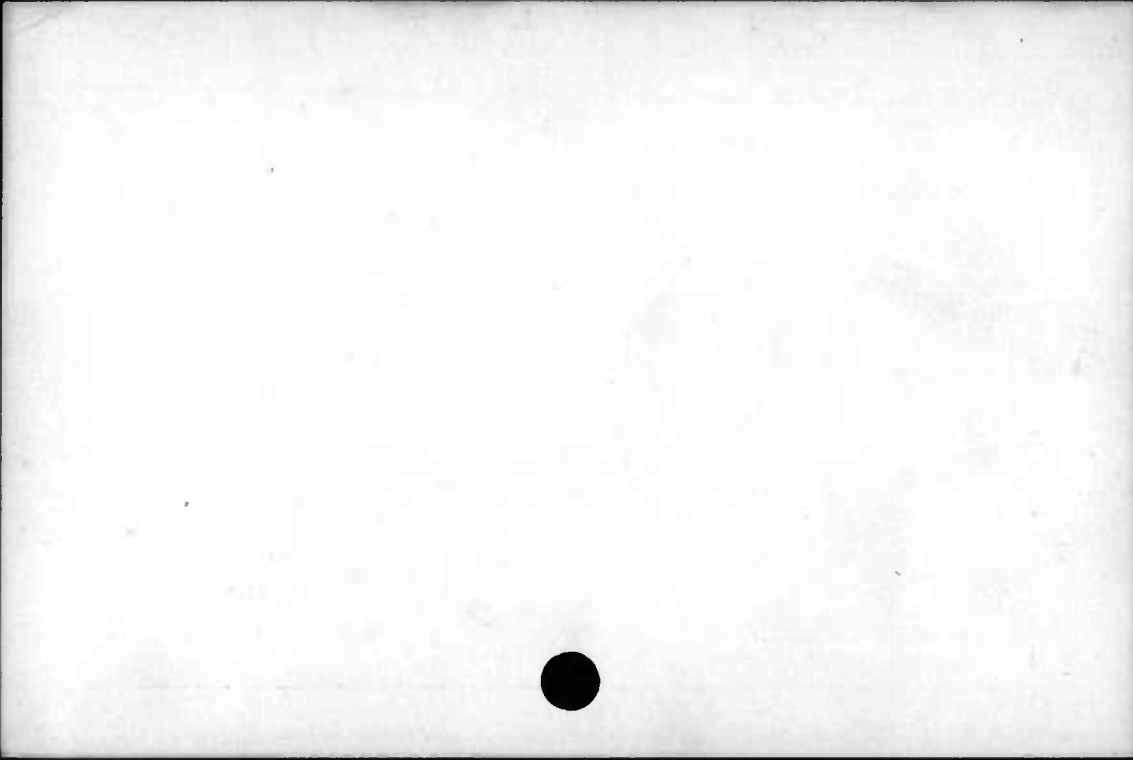
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Lewis L. Mentzer</i>				Town <i>Hagerstown</i>		County <i>Washington</i>		STATE <i>MARYLAND</i>	
Died at <i>Hagerstown</i>		Month <i>5</i>		Day <i>31</i>		Years <i>70</i>		Months <i>4</i>	
Date of death 1903		Age <i>70</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>	
Married, Single or Widowed <i>Married</i>				Occupation <i>Book Binder</i>					
Name of Wife or Husband <i>Mollie Lower</i>									
Father's Name <i>John Mentzer</i>				Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Catharine Beane</i>				Mother's Birthplace <i>Pa</i>					
Name of person giving information <i>Mollie Lower</i>				How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Overdose of liquor</i>		How long <i>Several months</i>	
Immediate <i>Exhaustion</i>		How long <i>one month</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>O. H. W. Maguire</i>	
		Address <i>Hagerstown Md</i>	
Accident or Suicide? <i>No</i>			



Name

in
FullTO BE ANSWERED BY
NEAREST FRIEND

Mrs. Annie Minnebraker.

CERTIFICATE OF DEATH

Died ^{Town} near Hagerstown^{County} Wash.

MARYLAND

Date

of death 190

3

Month

May

Day

2

Age

Years

64

Months

—

Days

—

Sex

female

Color or
Race

white

Birth-
place

Md.

Married, Single
or Widowed

married

Occupation

H. W.

Name of Wife or
Husband

Frederick Minnebraker

Father's
Name

Henry Shank

Father's
Birthplace

Md.

Mother's
Maiden Name

Annie Bean

Mother's
Birthplace

"

Name of person giving
In formation

Frederick Minnebraker

How related
to deceased

husband

CAUSES OF DEATH

Primary

—

How long

—

Immediate

Heart Disease

How long

Five minutes

Are the name, age, sex, color, date
and place correctly given above?

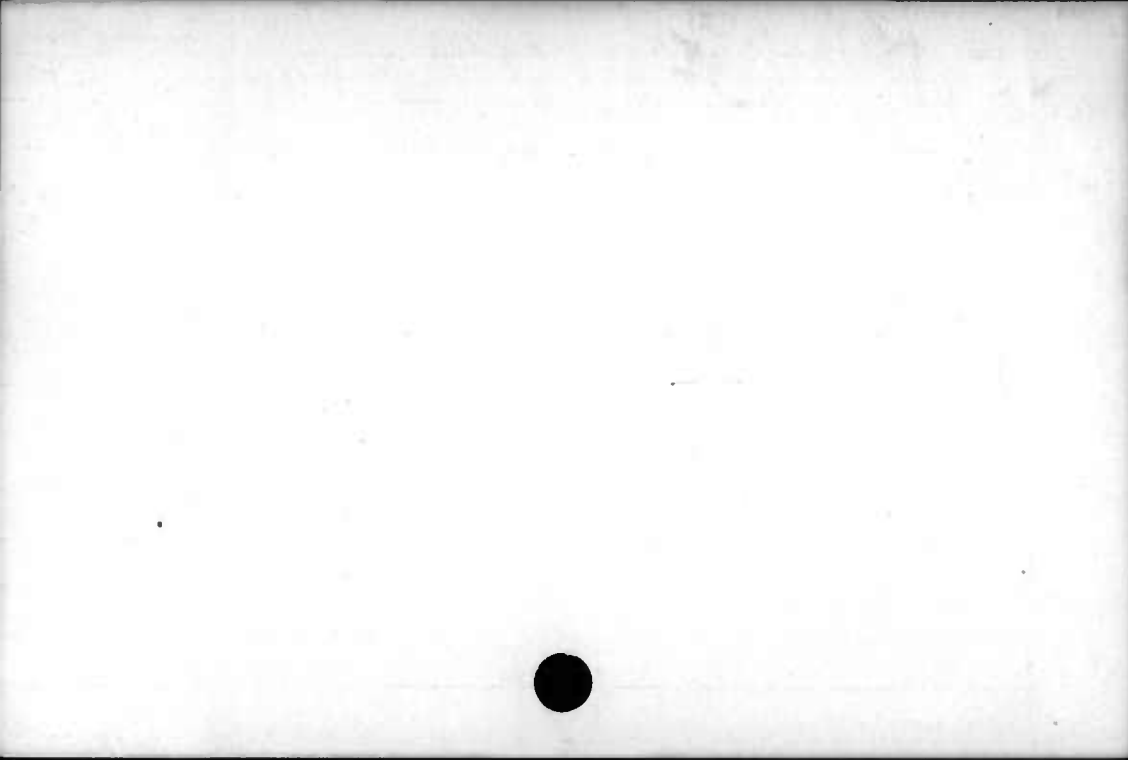
yes

Signature of
Physician

Address

J. M. Moore
Hagerstown

Accident or Suicide?



Name in Full

Certificate of Death

Frederick Moore

No 138-137

Town

County

Died at near Williamston-Washington

MARYLAND

Date 1882 5th 7th May Age 3. 2. 6 Native of ~~Washington~~ Occupation none

Male White Married Widow Divorced

Female Colored Single Widower Number of children living 4

Husband of

Father's Name Calvin Moore

Mother's Name Martha A Moore

Cause of Death { Primary Bad Cold 95 How long sick Two weeks

Death { Immediate Congestion of Lungs Accident, Suicide, Homicide

Reported by Samuel R. Lively

Address Williamston Md J M Miller Undertaker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968



Name
in
Full

Mrs. Sallie Over

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frankstown		County Washington		MARYLAND	
Date of death 1903		Month May.	Day 13	Age	Years 67	Months	Days 10
Sex			Color or Race White		Birth- place Frankstown		
Married, Single or Widowed				Occupation House Wife			
Name of Wife or Husband							
Father's Name John S. Miller				Father's Birthplace Hunting Gap Pa			
Mother's Maiden Name Katie Newcomer				Mother's Birthplace Bear Creek			
Name of person giving In formation Newcomer Over				How related to deceased Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Hemiplegia - Brain		Days	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician C. J. [unclear]	
		Address Frankstown	
Accident or Suicide?			

5500
44000

5900

Name

in
Full

CERTIFICATE OF DEATH

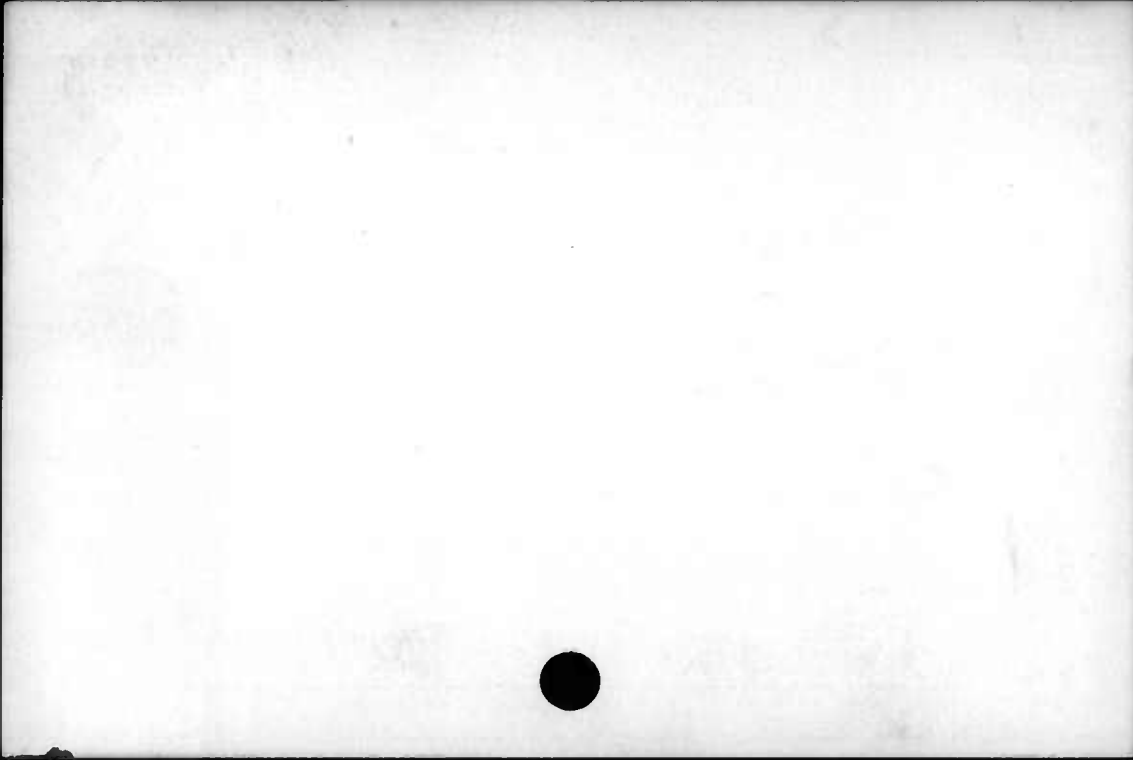
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bridgeport</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death 1903	Month <i>5</i>	Day <i>28</i>	Age	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Md</i>					
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name <i>Charles Plummer</i>				Father's Birthplace			
Mother's Maiden Name <i>Ella Cable</i>				Mother's Birthplace			
Name of person giving information <i>Robert Hauke</i>				How related to deceased <i>none</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Still Born</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>C. R. Schuler</i>
	Address
Accident or Suicide?	



Name In Full

Certificate of Death

Martha Marie Poffinberger

Town

County

Died at Carvertown

Washington

MARYLAND

Date 1903
 Year 1903 Month 5 Day 2 Age 35 4 18
 Native of Md Occupation Housewife
 Male White Married Widowed Divorced
 Female Colored Single Widower Number of children living

~~Husband~~ of

John Poffinberger

Wife

Father's

Name James Low

Mother's

Name

Cardinal Jones

Cause of

Primary

Pulmonary Phthisis

How long sick

Two years

Death

Immediate

Intoxication, & heart failure

~~Accident, Suicide, Homicide~~

Reported by

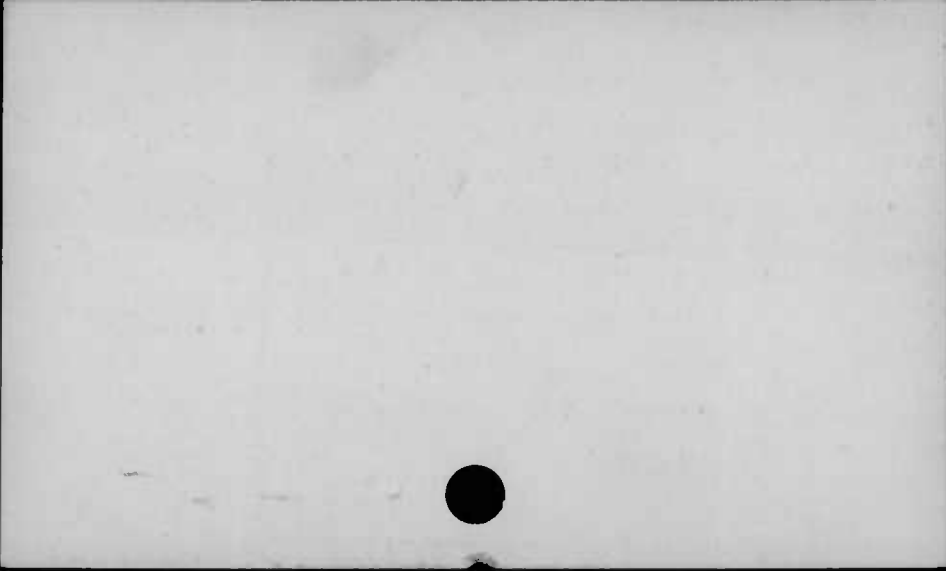
Dr. J. M. Steck

Address

Smithsburg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

Julia Powell

CERTIFICATE OF DEATH

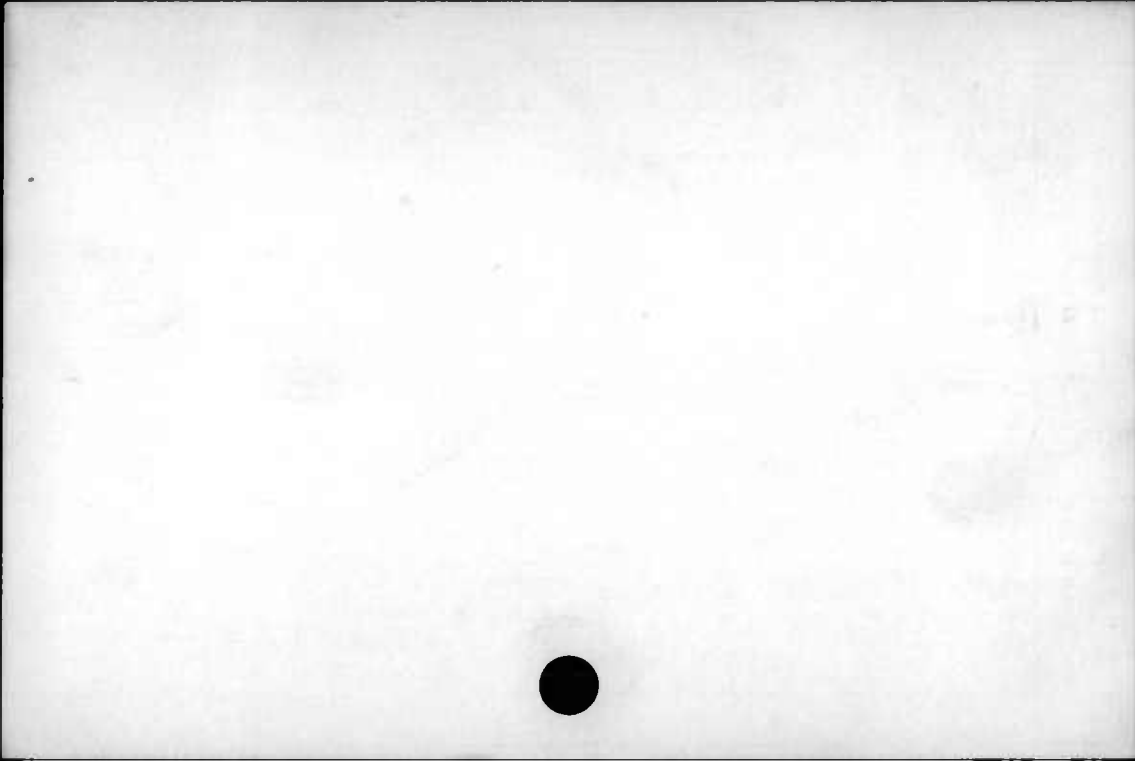
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Clear Spring		^{County} Wash		MARYLAND	
Date of death 190 ^{Month} 3 ^{Day} May 21		Age ^{Years} 42		^{Months} — ^{Days} —	
Sex	Female	Color or Race	Colord	Birth-place	Virginia
Married, Single or Widowed		Occupation Housewife			
Name of Wife John P. Powell Husband					
Father's Name			Fred Morris		
Mother's Maiden Name			Father's Birthplace —		
Name of person giving information			Mother's Birthplace —		
John P. Powell			How related to deceased Husband		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cerebral hemorrhage	How long	10 hours
Immediate	Exhaustion	How long	10 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Abraham Shank	
Address		Clear Spring	
		Washington Co. Md.	
Accident or Suicide?			



Name
in
Full

Alice V. Reed

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hagerstown		County Washington		MARYLAND	
Date of death 1903	Month 5	Day 1	Age	Years 33	Months 9	Days 29	
Sex Female	Color or Race White		Birth- place Md				
Married, Single or Widowed Married		Occupation Housewife					
Name of Wife or Husband John G. Reed							
Father's Name Henry Howard				Father's Birthplace Md			
Mother's Maiden Name Lizzie Gault				Mother's Birthplace Md			
Name of person giving In formation John Reed 43				How related to deceased Husband			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Carcinoma, Breast, Carcinoma, Axillary Glands	How long 1 year
Immediate	Septicemia, Ephemeral	How long 1 month
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician W B Morrison
		Address Hagerstown Md
Accident or Suicide?		No.

	12	31
1903.	5-	1
1848	7	2
<hr/>		
3.3.9.	29	

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Years	Months	Days	
5		5	25	59	3	15	
Sex	Female	Color or Race	White	Birth-place	Md		
Married, Single or Widowed	Married		Occupation	Housewife			
Name of Wife or Husband	Andrew Meeder						
Father's Name	David G. Patten				Father's Birthplace	Md	
Mother's Maiden Name	Elizabeth Albough				Mother's Birthplace	Md	
Name of person giving information	Andrew Meeder				How related to deceased	Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart disease	How long	Some weeks
Immediate	acute indigestion	How long	very short
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Chas. B. Bayle, M.D.
		Address	Hagerstown Md
Accident or Suicide?			

Vin D.

Name
in
Full

Mrs Mary E Reel

CERTIFICATE OF DEATH

Died at *Keadysville* ^{Town} *Washington* ^{County} *Maryland*

Date of death 190 *3* / *5* ^{Month} *5* ^{Day} Age *48* ^{Years} *2* ^{Months} *18* ^{Days}

Sex *Female* Color or Race *White* Birth-place *Sharpsburg*

Married, Single or Widowed *Married* Occupation *House Wife*

Name of Wife or Husband *Thomas Reel*

Father's Name *John Grice* Father's Birthplace *Sharpsburg*

Mother's Maiden Name *Mary E. Carney* Mother's Birthplace *Boonsboro*

Name of person giving information *Thomas Reel* How related to deceased *Husband*

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary *Tuberculosis* How long *2 yrs*

Immediate *Mitral Insufficiency* How long *6 mo.*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of
Physician

Address

W. H. Nihiser
Keadysville Md

PHYSICIAN
OR CORONERAccident or Suicide? *_____*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month		Day		Years	
of death 1903		5		16		Age	
Sex		Color or Race		Birth-place		Days	
Male		White		Md			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name		Father's Birthplace					
Luther Rhodes		Md					
Mother's Maiden Name		Mother's Birthplace					
Jannie Martin		Md					
Name of person giving information		How related to deceased					
Dr. Mason		None					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Placenta Previa in situ	How long	
Immediate	Hemorrhage	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		C. J. Mason, M. D.	
		Address	
		Clearspring	
		Md	
Accident or Suicide?			



Name

in
Full

CERTIFICATE OF DEATH

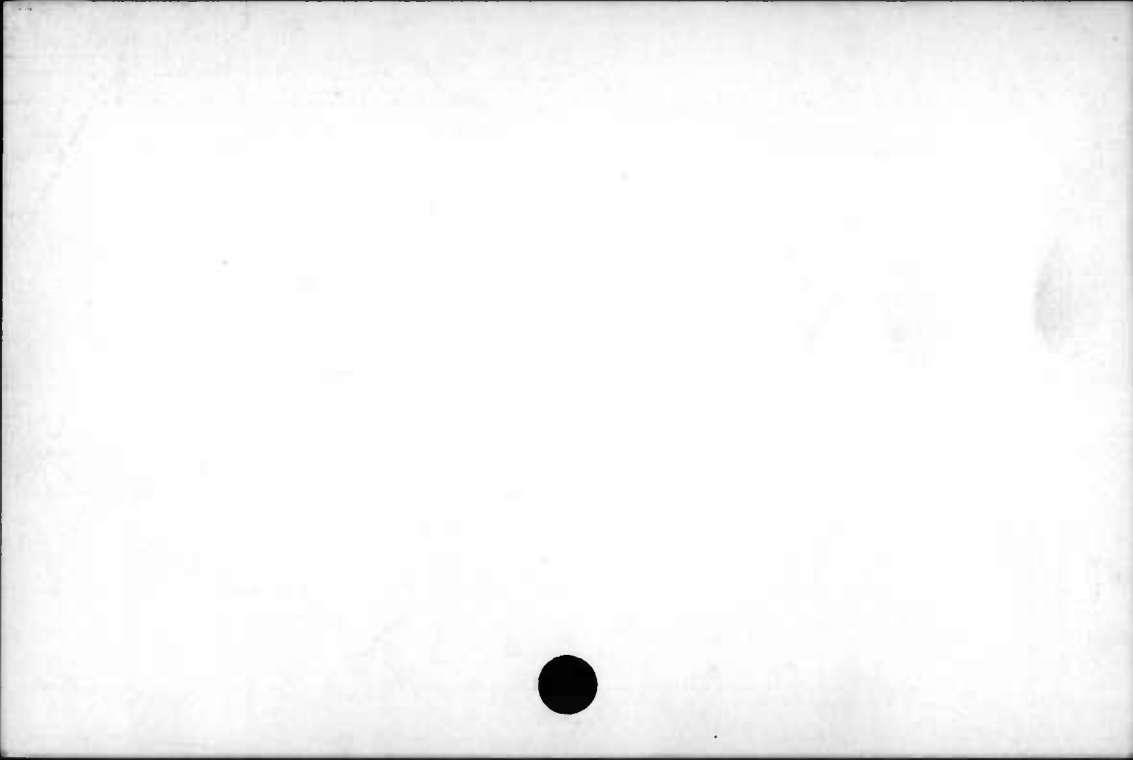
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Jacob Wideman</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at		Month <i>5</i>		Day <i>23</i>		Years <i>82</i>	
Date of death 1903		Months <i>11</i>		Days <i>14</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Married, Single or Widowed <i>Widower</i>		Occupation <i>Retired</i>					
Name of Wife or Husband <i>Jane M. Grumper</i>							
Father's Name <i>Jacob Wideman</i>		Father's Birthplace					
Mother's Maiden Name <i>Sallie Rose</i>		Mother's Birthplace					
Name of person giving information <i>Sallie Wideman</i>		How related to deceased <i>Slaughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senility</i>	How long <i>6 mos.</i>
Immediate <i>Heart Failure</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>G. E. Murray MD</i>
	Address <i>45 Jonathan St Hagerstown Md</i>
Accident or Suicide?	



Name
in
Full

Elizabeth B. Roulette

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Shroftsbury ^{Town}		Washington ^{County}		MARYLAND	
Date of death 190	3 ^{Month}	7 ^{Day}	Age 73 ^{Years}	1 ^{Months}	17 ^{Days}
Sex Female	Color or Race White		Birth-place Millersburg, Pa		
Married, Single Widowed			Occupation		
Name of Wife or Husband Wm Roulette (Dec'd)					
Father's Name Isaac Gearhart			Father's Birthplace Pa		
Mother's Maiden Name Susan Vogel			Mother's Birthplace Philadelphia		
Name of person giving Information Eugene G. Smith			How related to deceased Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	General Debility	How long
Immediate	Pneumonia	How long 7 days
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician D. H. Gardner
		Address Shroftsbury - Md.
Accident or Suicide?		

Chas. S. Wade

Undertaken



Name
in
Full

Charlotte Schindell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
Hagerstown		Wash.		Maryland			
Date of death 190	3	Month	May	Day	9	Age	14
Sex		female		Color or Race		white	
Married, Single or Widowed		single		Occupation		child.	
Name of Wife or Husband				Birth-place		Md.	
Father's Name		S. Milford Schindell		Father's Birthplace		Md.	
Mother's Maiden Name		Annie Winger		Mother's Birthplace		Pa.	
Name of person giving information		S. M. Schindell		How related to deceased		father.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Dysentery	How long	4 days
Immediate	Wernicke's encephalopathy	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		E. H. W. W. W. W.	
Address		Hagerstown Md	
Accident or Suicide?			



Name in Full

Certificate of Death

Died at

Date 19

~~Husband~~

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

MARYLAND

Age

Married

Female

White

~~Colored~~~~Single~~~~Widow~~~~Widower~~

Number of children living

Three

of

Mother's

Maiden Name

How long sick

Primary

Immediate

Accident, Suicide, Homicide

LIBRARY BUREAU, 79822

Eugene Masher
Undertaker

Name
in
Full

CERTIFICATE OF DEATH

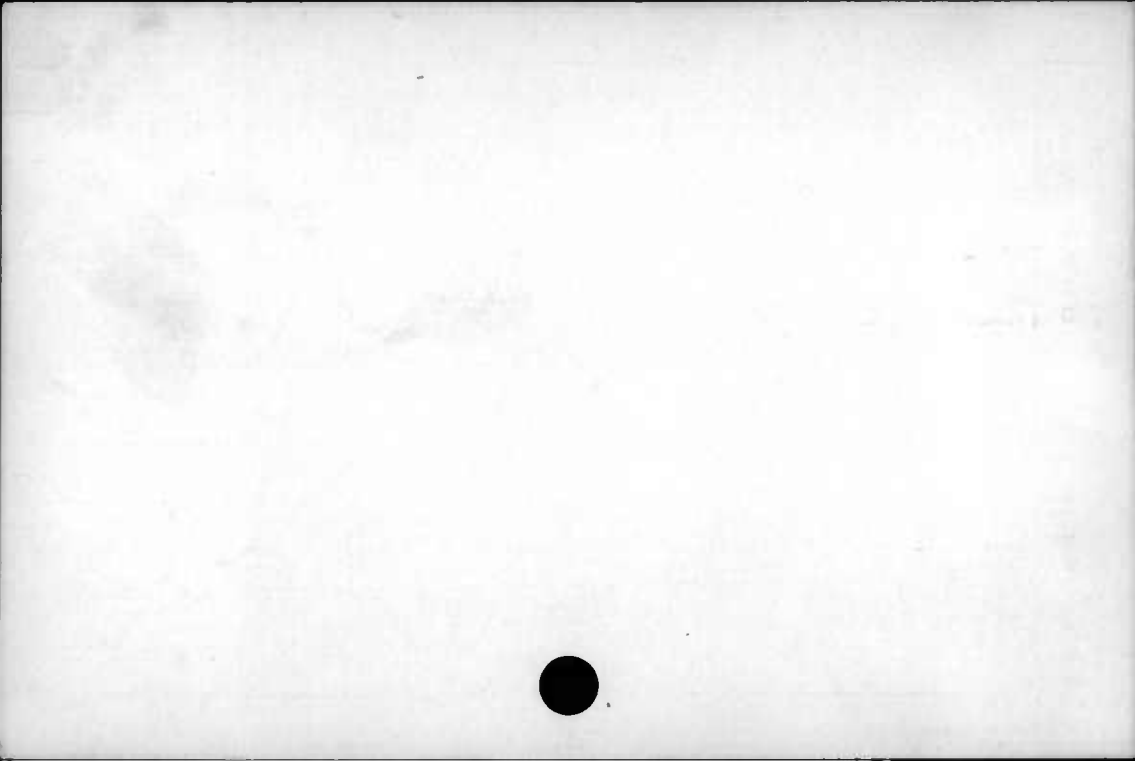
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Pauls</i> Town <i>Wash</i> County		MARYLAND	
Date of death 1903	Month <i>8-</i>	Day <i>16</i>	Age <i>77</i> Years Months Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>	
Married, Yes or Widowed	Occupation <i>Farmer</i>		
Name of Wife or Husband <i>Mrs. Schrieblay</i>			
Father's Name <i>Michael Seibert</i>		Father's Birthplace <i>Wash Co</i>	
Mother's Maiden Name <i>Elizabeth Brewer</i>		Mother's Birthplace <i>" "</i>	
Name of person giving information <i>Gos, Seibert</i>		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral Hemorrhage</i>	How long <i>6 months</i>
Immediate <i>A second attack</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Abraham Shanks</i>
	Address <i>Clearspring Md</i>
Accident or Suicide? No	



Name

in
Full

Sidney Marconi Sharter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lidia</u> Town		<u>Washington</u> County		MARYLAND	
Date of death 190	<u>3</u> Month	<u>7</u> Day	Age	<u>1</u> Year	<u>18</u> Months / Days
Sex	<u>Male</u>		Color or Race	<u>Black</u>	
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

Father's Name William H. Sharter Father's Birthplace Md.

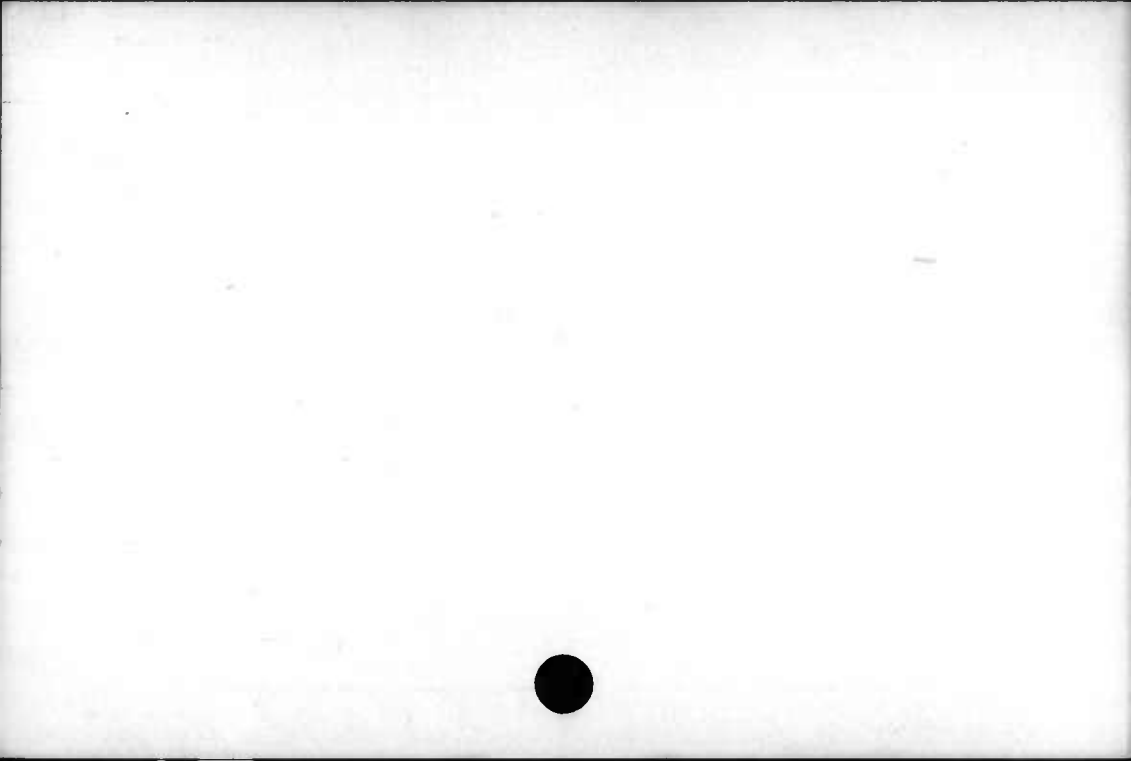
Mother's Maiden Name Hermie Diggs Mother's Birthplace Md.

Name of person giving information Jennigham Diggs How related to deceased Grandfather

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Capillary Bronchitis</u>	How long	<u>92</u>
Immediate	<u>concurrent meningitis</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>D. M. Reichard</u>	
		Address	
		<u>Hairplay</u>	
		<u>Washington</u>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary E. Stahl</i>		Town <i>Wagritown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Wagritown</i>		Month <i>6-</i>		Day <i>16</i>		Years <i>60</i>	
Date of death 190 <i>8</i>		Month <i>6-</i>		Day <i>16</i>		Age <i>60</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Pa</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>House work</i>					
Name of Wife or Husband <i>John Stahl</i>							
Father's Name <i>William Lackey</i>		Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>Eleanor Mackey</i>		Mother's Birthplace <i>Pa</i>					
Name of person giving information <i>John Stahl</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption & Heart Disease</i>	How long <i>2 Yrs</i>
Immediate <i>Heart failure</i>	How long <i>27</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. H. Burr M.D.</i>
	Address <i>Wagritown Md.</i>
Accident or Suicide?	

6



Name in Full

Certificate of Death

Ellen Stuart

139

Died at ^{Town} Williamsport, ^{County} Washington

MARYLAND

Date 1903 ^{Month} May ^{Day} 31 ^h Age 63 ^{Y.} 29 ^{M.} 29 ^{D.} 29 ^{Native of} Maryland ^{Occupation} Retired

~~Male~~ ^{White} ~~Married~~ ^{Widow} ~~Single~~ ^{Widower} ~~Number of children living~~

~~Female~~ ^{Colored} ~~Single~~ ^{Widower} ~~Number of children living~~

~~Husband~~ of B F Stuart,
Wife

Father's Name Isaac Thompson, Mother's Name Rebecca Dick

Cause of Death { Primary Chronic Diarrhea
Immediate Exhaustion, 106

How long sick 5 weeks

Accident, Suicide, Homicide

Reported by Dr. B. B. B. B.

Address Wm. B. B. B. B. Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

J M Miller
Undertaker

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John W. Vaughan* Town *Hagerstown* County *Washington* MARYLAND

Died at *Hagerstown*

Date of death 190 *3* - *5* - *21* Age *53* Months *2* Days *20*

Sex *Male* Color or Race *White* Birthplace *Pa*

Married, Single or Widowed *Married* Occupation *Saloon Keeper*

Name of Wife or Husband *Virginia Vaughan*

Father's Name *John W. Vaughan* Father's Birthplace *Pa*

Mother's Maiden Name *Nancy D. Eibler* Mother's Birthplace *Pa*

Name of person giving information *L. M. Vaughan* How related to deceased *Bro*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Tubercular Fever* How long *11 weeks*

Immediate *Exhaustion* How long *1*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *E. M. Mearns*

Address *Diaparty*

Accident or Suicide? *no*

S. S. Room & piano on nights
without
extra heat
Organ for pupils

Philadelphia

Name
in
Full

CERTIFICATE OF DEATH

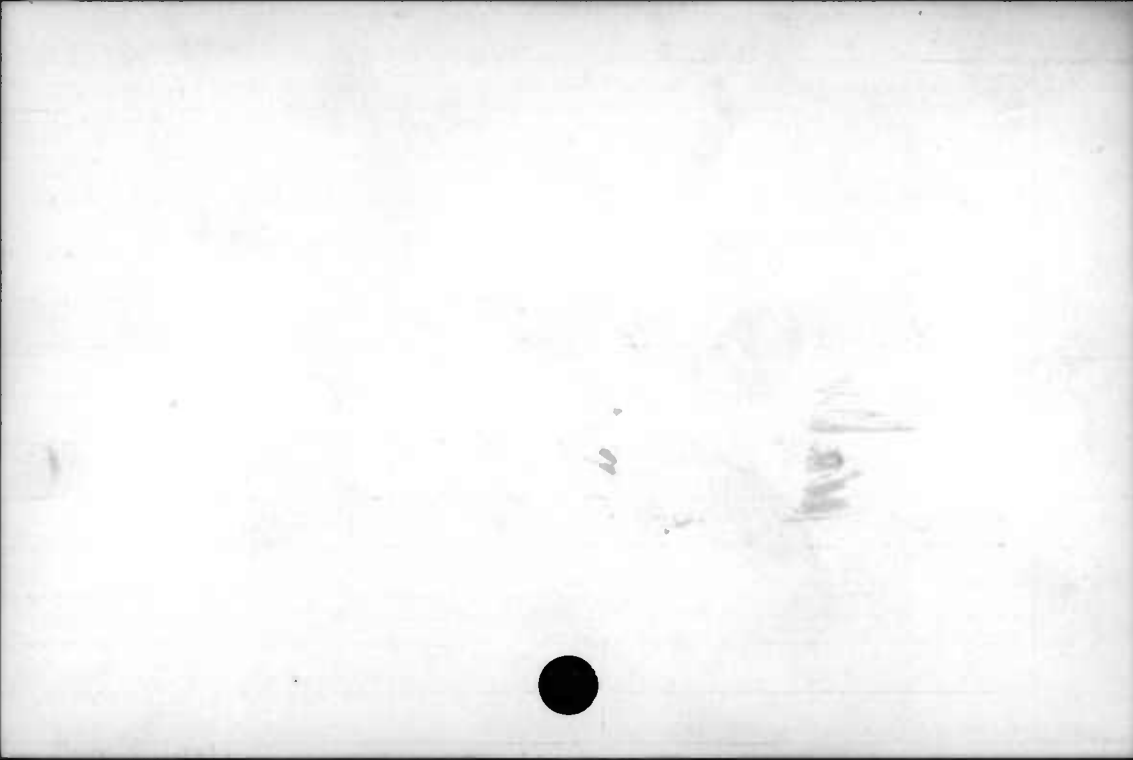
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Minnie Pearl Webster</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Hagerstown</i>		Month <i>5-</i>		Day <i>15-</i>		Years <i>21</i>	
Date of death 190 <i>8</i>		Months <i>2</i>		Days <i>2-</i>			
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Washington D.C.</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>House work</i>					
Name of Wife or Husband							
Father's Name <i>Addison Webster</i>				Father's Birthplace <i>Washington D.C.</i>			
Mother's Maiden Name <i>Ida Macker</i>				Mother's Birthplace <i>Hagerstown</i>			
Name of person giving information <i>Cora Macker</i>				How related to deceased <i>Aunt</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>1 yr</i>
Immediate <i>Exhaustion</i>	How long <i>1 yr</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. E. Mankin</i>
	Address <i>Hagerstown Md</i>
Accident or Suicide?	



Name
in
Full

H6 Milton, Whiteside

CERTIFICATE OF DEATH

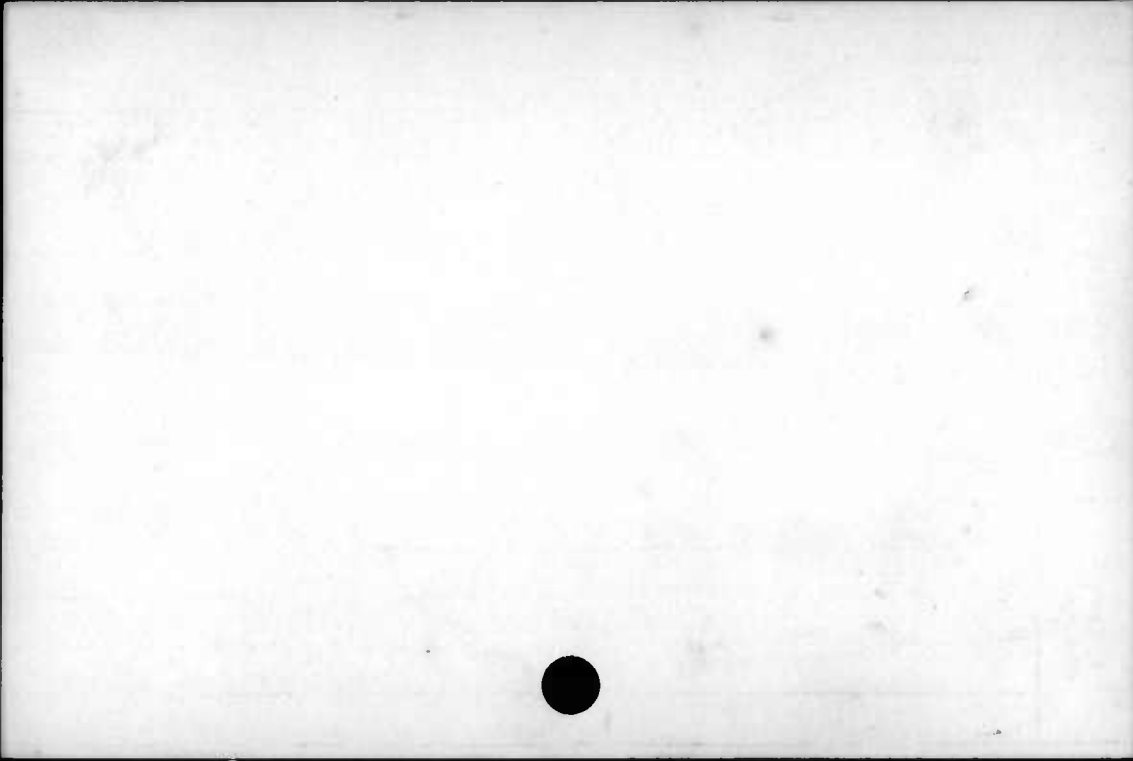
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hancock.		County wash - -		MARYLAND	
Date of death 1902	Month 5-	Day 13-	Age Years		Months	Days	
Sex male		Color or Race white		Birth- place			
Married, Single or Widowed		Single		Occupation Surgeon			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation				172		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Drowning	How long	1/2 hour
Immediate	Suffocation	How long	1/2 hour
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. W. West.	
Address		Hancock Md.	
Accident or Suicide?		Accident	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name **Hannie May Maly**
 Died at **Fairplay** ^{Town} **Washington** ^{County} **MARYLAND**
 Date of death 190 **3** ^{Month} **May** ^{Day} **20** Age ^{Years} **29** ^{Months} **5** ^{Days} **13**
 Sex **Female** Color or Race **white** Birth-place **md.**
 Married, Single or Widowed **Single** Occupation
 Name of Wife or Husband
 Father's Name **Daniel Maly** Father's Birthplace **md**
 Mother's Maiden Name **Ann Maria Rowland** Mother's Birthplace **md**
 Name of person giving information **Wm R. Maly** How related to deceased **Brother**

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary **Arterio Sclerosis & Incompetence** How long **20 years**
 Immediate **Acute Bronchitis, Cardiac Paralysis** How long **10 Days**
 Are the name, age, sex, color, date and place correctly given above? **Yes**
 Signature of Physician **U. M. Richard**
 Address **Fairplay Washington Co.**
 Accident or Suicide?

